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ABSTRACT

Four investigations of the rehabilitation counselor were presented to and discussed by representatives of universities, professional associations, and public and private rehabilitation agencies. Four major aspects of the counselor's professional development and practice were covered in these studies: (1) his perceived role and function within public and private rehabilitation agencies; (2) a series of investigations based on a multivariate system model of the state agency counselor providing clients services; (3) a pilot study testing methods of relating counselor effectiveness to his university training; and (4) two sociological studies of rehabilitation counseling as a profession with emphasis on career patterns of graduate students in the field and movement of individuals into the field as a second career. Comments by a qualified discussant follow each presentation. Also recorded are written and oral group reactions with respect to: (1) implications of each study for counselor practice; (2) implications of each study for counselor training; (3) suggestions for further research; and (4) other applications of the presented data. (Author/MC)

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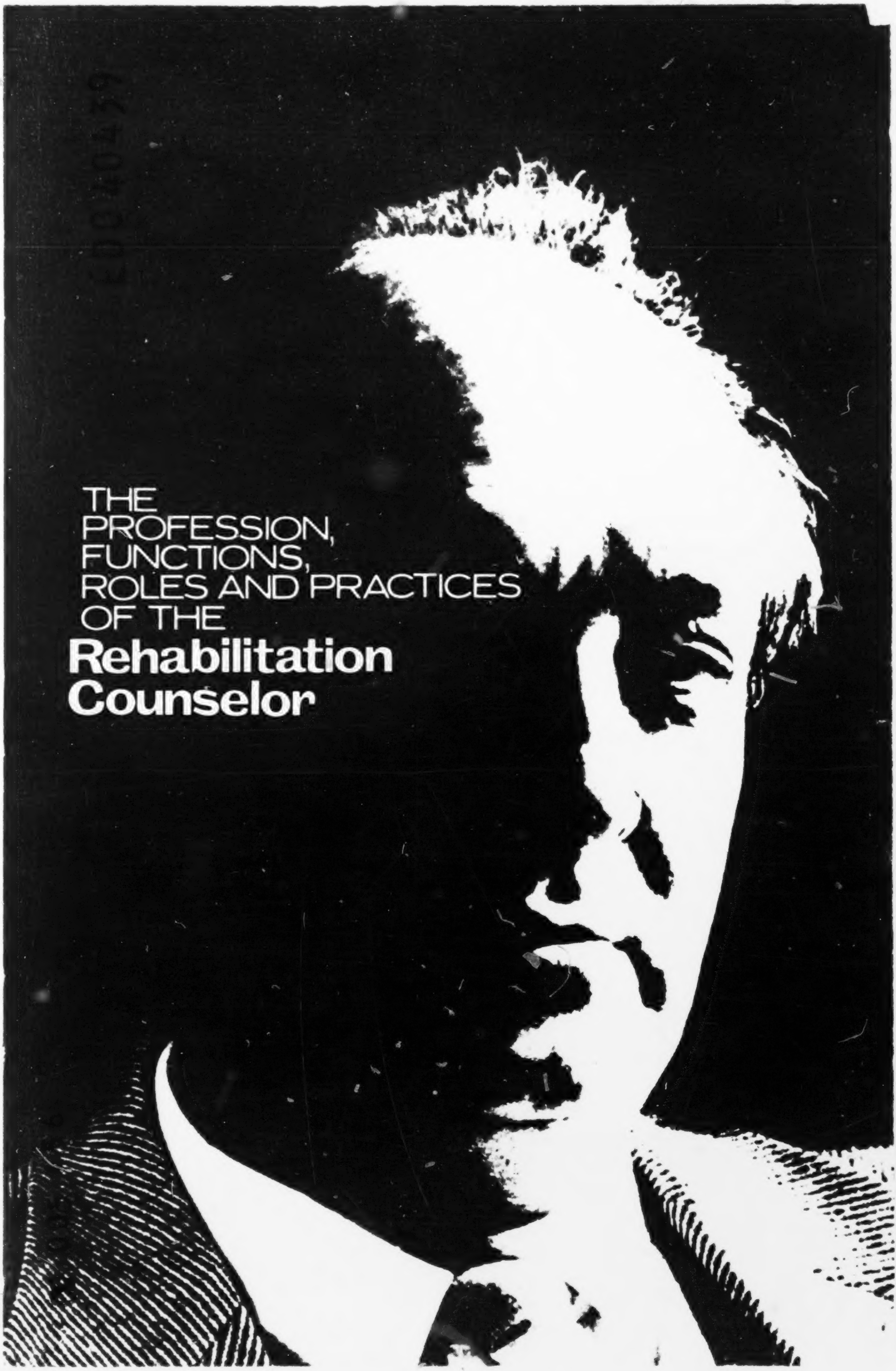

THE PROFESSION, FUNCTIONS, ROLES AND PRACTICES OF THE **Rehabilitation Counselor**

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THE PROFESSION, FUNCTIONS, ROLES AND PRACTICES OF THE Rehabilitation Counselor

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CG005456

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September, 1969

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ABSTRACT

Four major investigations of the rehabilitation counselor were presented to and discussed by representatives of universities and professional associations as well as public and private rehabilitation agencies. These studies covered the following major aspects of the counselor's professional development and practice: 1) his perceived and proper role and function within public and private rehabilitation agencies; 2) a series of investigations based on a multivariate system model of the state agency counselor providing clients services 3) a pilot study designed to test methods of relating counselor effectiveness to his university training; and 4) two sociological studies of rehabilitation counseling as a profession with emphasis upon the career patterns of graduate students in the field and the movement of individuals into the field as a second career.

Following presentation of each paper, comments were provided by a qualified discussant. Finally, group reactions were solicited (both oral and written) and recorded with respect to:

1) the implications of each study for counselor training,

2) the implications of each study for counselor practice,

3) suggestions for further research in each of the four areas,

4) other relevant applications of the data presented.

The comments and discussions were compiled and summarized by the editors.

PREFACE

As part of the study of the roles and functions of rehabilitation counselors, a conference directed toward enhancing the utilization of research findings was planned for the final year of the project. As the research progressed and the work of correlated projects came to the attention of the investigators it seemed increasingly more desirable to involve other workers studying the rehabilitation counselor in a conference of this type. The face-to-face interaction of researchers studying the counselor with representatives of various professional and rehabilitation associations was expected to provide a channel for funneling the results into practice.

Since many of the associations concerned with vocational rehabilitation and the staff of the Social and Rehabilitation Service (SRS) and Rehabilitation Services Administration (RSA) could more readily participate in a meeting held in Washington, D. C., it was convened there. This decision proved to be helpful in that it enabled researchers and professionals from many fields and regions to meet with SRS and RSA Washington staff.

The agenda was designed to provide an opportunity for substantial exchange among participants. Each of the projects reporting was asked to send each participant a copy of their primary materials about two weeks prior to the conference. This apparently helped the conferees. Following each of the four project presentations, there was a reaction from a discussant and about 20 minutes of general discussion. The second morning was devoted entirely to discussion of the implications of all four projects for vocational rehabilitation practice, the preparation of rehabilitation counselors, and further research. Since a published proceedings was planned for this conference, it also seemed desirable and feasible to secure comments, reactions and suggestions from the participants in addition to those which they were to make during the sessions. Thus, each participant had worksheets, like those in Appendix C, on which to record their thoughts regarding each of the projects and the implications the studies together or separately had for rehabilitation. In addition the general and small group discussions were tape recorded.

The meeting owes whatever success it achieves to the contributions of many besides its organizers and the editors. The staff of the three projects who presented their reports at the conference along with the report from the Roles and Functions study were major contributors. These include Drs. Marvin B. Sussman and Dr. Marie R. Haug of Case-Western University, Drs. George N. Wright and Alfred J. Butler of the University of Wisconsin, Dr. Bob Johnson from the University of Arizona and Dr. Richard A. Koch of Emporia State College (Kansas). The Advisory Committee to the ARCA-APGA Roles and Functions Study was very helpful in suggesting individuals and organizations who should be involved in the conference. They also, of course, provided guidance and assistance to the authors of that report. The staff of the Division of Research and Demonstration Grants, Social and Rehabilitation Service, U. S. Department of Health, Education and Welfare were especially kind in providing stimulation, support, and information which made the meetings both useful and effective. Special thanks are due N. Edward Acree of that division for his assistance.

JEM
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Gainesville, Florida

REHABILITATION COUNSELOR ROLES AND FUNCTIONS: IMPLICATIONS FOR PREPARATION AND PRACTICE

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This investigation was supported, in part, by Grant No. RD-1971-G from the Division of Research and Demonstration Grants, Social and Rehabiliation Service, of the Department of Health, Education and Welfare, Washington, D.C.

INTRODUCTION

The study of rehabilitation counselor roles and functions was undertaken for the American Rehabilitation Counseling Association and the rehabilitation counseling profession to provide basic information regarding the work of the rehabilitation counselor (RC). Its findings were expected to be useful in curriculum planning, selection, placement and utilization of RCs as well as the development of educational and professional standards.

In this report an attempt will be made to describe in several ways how the rehabilitation counselor (RC) and his colleagues see his job. This will be done by reporting summary findings from an analysis of the basic instrument designed for this study: The Rehabilitation Counselor Task Inventory.

The summary analysis of responses to the RC Task Inventory was carried out for the ARCA project by the Personnel Research Laboratory, U. S. Air Force, Lackland, Texas. The results of several factor analyses will describe the structure of the RCs job. The RC's general work pattern will also be reviewed. A series of hypotheses regarding the RCs' characteristics and role behaviors were studied. Some of the specific problems studied include:

a) functions actually performed by rehabilitation counselors in various settings (role behaviors);

b) the perceptions of counselors, supervisors, administrators, counselor educators and other professional rehabilitation workers of the rehabilitation counselor;

c) the perceptions of counselors, supervisors and administrators of the desirable role and functions of the rehabilitation counselor;

d) the relationship between work setting and characteristics of counselors to their actual functions, and their conceptions of the desirable role and functions of the rehabilitation counselor;

e) conceptions of future role and functions of the rehabilitation counselor held by leaders in the field of rehabilitation, and,

f) implications of the RC role perceptions held by rehabilitation counselor educators and vocational rehabilitation administrators for the preparation of rehabilitation counselors.

METHOD

Subjects.

The rehabilitation counselors who participated in the research project were secured from a national roster developed for the study. A stratified random sample of counselors, selected from the roster, was asked to participate. Since some counselors declined to participate in the study, the remaining individuals were considered volunteers. Of the 378 counselors for which useable data were obtained, 56 percent worked for the state general agency, 15 percent for services to the blind, and 29 percent for rehabilitation facilities. Counselors were invited to participate so as to secure adequate representation with respect to type of agency, training level, and experience level. Selection of counselors in this fashion permitted study of several subgroups.

Instruments

To gather information about the rehabilitation counselor's role behaviors the Task Inventory (TI) approach developed by the U.S. Air Force Personnel Research Laboratory was used. The Task Inventory is a job analysis approach which asks the job incumbent to apply a scale or set of scales to a comprehensive list of task statements. The questions which guided the participants' responses were:

1. To what extent is the task a part of your job? (Consider its significance, relevance, or any other factor you believe to be important.)
2. To what extent should the task be a part of your job? (Assume that your agency's policies and practices could be somewhat modified.)
3. How satisfying do you find the task?
4. With what proportion of your clients do you perform the task?
5. What education and training is necessary for the satisfactory performance of this task? (Assume that the worker has a B.A. but no work experience in rehabilitation or related fields.)
6. Who should carry out the task?

Although a substantial amount of research has been done with this technique, several sub-studies were conducted to examine the reliability and veracity of the RCs responses. The task inventory approach is seen as a valid research technique; the RC Task Inventory appears to be a reliable, useful instrument.

A number of other inventories and questionnaires were used to secure measures of the variables which were expected to have a relationship with the counselor's responses to the RC Task Inventory and its scales. The rationale for using certain research measures was that they appeared to provide relevant and suitable measures of the variables incorporated in the hypotheses developed for the study.

With respect to personality inventories, it was of interest to measure work oriented needs, occupational orientations, and personality traits which might be expected to be associated with either the counselor's role or the role strain experienced by the counselor.

Data Collection Procedures

To avoid the many problems associated with mailed questionnaires, an extensive battery of inventories were administered to rehabilitation counselors in 19 cities under supervised, standardized conditions. The four booklets containing the inventories were completed in two threehour sessions. Since it was not feasible to collect data in a similar manner for other groups participating in the study, they were mailed much briefer inventories with fewer scales.

RESULTS

One of the attractive features of the Task Inventory technique for describing rehabilitation counselor role behaviors was its compatibility with computer procedures for data analysis. Summary descriptive data showed the relative importance of tasks to the counselors in the three settings; the computer output also provided comparisons between the counselor groups with respect to the individual tasks. Further results presented both the duties and tasks in rank order relative to their importance and significance as part of the counselor's job.

Job Description of Rehabilitation Counselor

The following description summarizes the types of tasks which were shown to be of more or less importance by the counselors in three different settings.

Job placement activities were reported to be a more prominent part of the job for counselors in Blind agencies (BL) than for either DVR or Facilities counselors (FAC). Counselors of the blind attached more importance to getting the client ready for job seeking, helping him locate employers, setting up job training programs, and following the client after he is placed, than did DVR counselors. Facilities counselors differed from BL counselors in much the same fashion, but in addition attached less importance to vocational planning and adjustment duties.

Although counselors in all three settings attached substantial importance to counseling and to guidance activities and services, Facility counselors attached more importance to these areas than did either DVR or Blind agency counselors. This difference was even more pronounced between the FAC and BL counselors. The latter group attached less importance to counselor activities concerned with client attitudes. The BL counselors placed somewhat more emphasis on the coordinating and vocational placement activities and goals of the counselor while the FAC counselor showed more concern with therapeutic interaction and evaluational activities. In terms of their relative emphasis on counseling, DVR counselors (as appears to be generally true) were more like counselors in Blind agencies than Facilities RC. In addition, counselors in public agencies attached more importance than FAC counselors to having and using occupational information, and test administration services.

One explanation of the apparent differences between counselor groups may be the differences in the goals of state agencies as compared to rehabilitation facilities. The expectations of supervisors and administrators that the counselor's work would result in satisfactory employment for the client probably influenced the DVR group much more so than FAC counselors. On the other hand, the Facilities counselor is generally required to establish a continuing relationship with a client on a more intensive basis than the state counselor. He is successful if clients become motivated to use the facilities services and if clients feel that they are helped, through counseling or a sound evaluation, to move toward a suitable vocational goal. From the above interpretation, it would seem desirable for state agencies to re-examine both the explicit and implicit standards for success which they now invoke or will invoke as they secure a wider range of clients.

The general similarities among the counselors from the three settings suggests that agency differences are not great enough to justify specialized programs of counselor preparation. A generic curriculum in rehabilitation counseling with specialized competencies being gained through field work or on-the-job training would seem justified by the study's findings.

However, studies of rehabilitation counselors may well need to take into account the quantitative differences among counselors from the three settings. For studies in which tasks or duties are important variables, the setting in which the counselor works should be considered. Our findings, like those of Sussman and Haug (1968), also showed rehabilitation counselors from different settings differ with respect to educational background, age, professional affiliation and salary level.

The Structure of the Rehabilitation Counselor's Job

To permit study of several research questions the RC's responses to several of the TI scales were factor analyzed. Except for minor variations, the RC's responses for the first three scales yielded much the same clustering of tasks. Eight factors, with factor weights of .50 or more on from three to eight tasks, were identified. Although the factor labels provide only a limited view of the sets of tasks included in each factor, they are listed here to provide an indication of their nature. They include: 1) placement, 2) affective counseling, 3) group counseling and teaching, 4) vocational counseling, 5) medical referral, 6) eligibility and casefinding, 7) test administration and 8) test interpretation.

In addition to providing a more parsimonious description of the RC's job, the clusters of tasks may also suggest ways in which either the job itself or the counselor's preparation for the job might be modified. One could argue that if tasks are perceived as definitely related they should be considered as an integral unit for the purposes of the counselor's job of his preparation. This seems especially relevant if the tasks are to be part of a new position or a new distribution of tasks and duties. It would seem to be equally desirable to evaluate counselor performance in terms of such duty factors, rather than in terms of a priori task categories developed by researchers or administrators. Finally, one might wish to consider organizing the counselor's preparation, whether in the university or on-the-job, around realistic on-the-job task combinations, rather than the present organization of subject topics.

Counselor Use of Time

To secure some general impressions of the counselor's use of his time, counselors were asked to complete a one page questionnaire which listed 12 major work areas. They indicated the amount of time (hours) they devoted to each activity during a typical week.

Counseling and guidance activities were the largest single activity area for all types of counselors. For this activity, the mean percentage of time reported by the Facilities counselors was substantially greater than that by DVR and Blind agency counselors. This greater involvement by FAC counselors in the counseling and related activities was found not only in the summary data cited above, but also in the data obtained to test several hypotheses. From this data, it is evident that rehabilitation facilities offer a different type of work or training opportunity than is offered by either type of state agency. However, counselors in all three settings vary markedly in the proportions of their time which they devote to counseling and guidance and other activities.

The large proportion of time devoted to clerical work, recording, and reporting suggests that "paperwork" is a widespread problem for rehabilitation counselors. However, although counselors regard placement activities as an important part of the job, only a relatively small proportion of their work activity is allotted to placement tasks. Thus, counselors believe that placement activities are important, but are unable or unwilling to devote a substantial portion of their time to them. Greater interest in placement activities might arise if counselors received university or in-service training in the area. Another approach to providing more time for placement services would be to establish placement specialist positions which could be filled by persons with appropriate backgrounds, but not necessarily graduate preparation in counseling.

Comparisons between counselor activity data from this study and two earlier studies (GTP, 1956; Miller, et al., 1965) showed them to be remarkable similar. In general, it appears that the DVR counselor currently distributes his time much like he did ten years ago. These findings do not permit us to assume that the nature and quality of the activities construed under the same categories remain the same. However, the results from the several studies do reflect some stability in the role behaviors of the counselor.

Use of Support Personnel

Since the field of rehabilitation counseling is considering the use of non-professional counselor aides, it was of interest to ascertain the types of tasks which might be done by other rehabilitation workers or support personnel. Hypotheses 1 states that "Some of the current duties and functions of rehabilitation counselors are not professional in nature and could be performed by non-professional personnel." To study this assertion, rehabilitation counselors were asked to respond to two scales of the RC Task Inventory. The first scale asks "What education and training is necessary for the satisfactory performance of this task?" The second scale asked "Who should carry out the task?"

A majority (approximately 55 percent) of DVR counselors believed that the M.A. level education is necessary for the satisfactory performance of affective counseling and group counseling tasks. Counselors who worked with the blind shared the same opinion. However, a much larger percentage (approximately 70 percent) of Facility (FAC) counselors believed that master's level education is necessary for affective and group counseling tasks. A majority of the FAC counselors believed that the M.A. is necessary for medical referral tasks, whereas DVR counselors believed that on-the-job training and several months experience is sufficient preparation for such tasks.

The three counselor groups tended to agree that a substantial degree of graduate preparation is desirable for test administration and test interpretation duties. About 40 percent of all counselor types would urge M.A. level training and another 20 percent think some graduate work is needed for many test administration tasks. For test interpretation duties, the pattern is similar but with slightly larger proportions of counselors recommending graduate preparation. Counselors urged the highest qualifications for certain types of testing such as the projective methods, but did not believe professional preparation was necessary for administering paper and pencil interest and aptitude measures. A large proportion thought such test administration was an appropriate activity for clerical workers or aides.

Approximately 45 to 50 percent of the DVR and Blind counselors thought placement and vocational counseling required only on-the-job training and several months experience. Conversely, fewer FAC counselors thought on-the-job training was sufficient and a majority of that group recommend some graduate education or an M.A. degree for vocational counseling and placement duties.

The scale response "little or no training is required" was seldom used by counselors in classifying TI statements. RCs thought all of their job tasks required either on-the-job training, agency experience or master's level education.

In summary, it seems clear that FAC counselors believed that master's level training is necessary for the satisfactory performance of most rehabilitation counselor tasks. Conversely, counselors who work for the state agencies (DVR and Blind) believed that, for many duties, on-the-job training and agency experience was adequate preparation. The generally higher educational qualifications of FAC counselors and the greater experience of many state agency counselors may account for these different emphases.

The second approach to determining what tasks rehabilitation counselors thought could be performed by other rehabilitation workers was to ask them to indicate, for each task, who should carry out the tasks. In general, RCs thought that tasks which involved (a) client eligibility, (b) vocational counseling, (c) rehabilitation plans, (d) referral and use of medical and training resources and (e) collaborating with agencies or facilities, should be reserved to rehabilitation counselors. Counselors were willing to have others undertake activities which fall outside the general categories noted above. For example, tasks which involve supervision of the office staff, other counselors and student counselors were seen as proper activities for supervisors. In addition, training and consultant roles were frequently mentioned as tasks which supervisors should perform.

The placement function was one duty which a majority of the counselors would willingly have a special placement counselor perform. About half of the RCs thought placement tasks such as: (a) client preparation for employment through the use of group discussions, roleplaying, simulated job applications and interviews, or (b) solicitation of openings from employers are best suited to a placement counselor. There were another set of six placement process tasks which more than 25 percent of the RCs thought should be performed by placement counselors.

A clear majority of counselors preferred that clinical psychologists administer or interpret projective personality measures. About half of all counselors thought the administration of paper and pencil tests should be assigned to psychometrists. There was a definite preference among counselors to have trained clerks to handle the agency record keeping tasks. Such workers were also seen as well suited, by about 40 percent of the counselors, for tasks related to selecting, securing and maintaining files pertinent to training opportunities and occupational information.

There was limited agreement among RCs regarding tasks which counselor aides (CA) could perform. Only three tasks were mentioned as appropriate for counselor aides by as many as 25 percent of the counselors. These tasks were: advising the client about legal problems, conducting intake or screening interviews and providing placement assistance to members of the client's family. Some counselors (10 to 25 percent) thought that CA could perform a wide range of tasks related to information gathering, coordinating, orientation, information giving and clerical activities, which are now an integral part of the counselor's job. Thus, the RC's suggested no new combination of tasks which the counselor aide could adequately perform.

One way to define the counselor aide position, suggested by Truax (1968), would be to assign aides to specific counselors or social workers and allow the pair of them to work out the roles each would assume. Increasingly, agency administrators can be expected to establish counselor aide positions although knowledge of their use and effectiveness is as yet limited. Hopefully, the counselor aide position will develop as an opportunity to fulfill unmet client needs. As counselors find the counselor aide a valuable ally in their work, we can anticipate that the aide will be asked to undertake tasks which are within the range of the aide's competencies, but have heretofore been the responsibility of the counselor.

In summary, it appears that DVR counselors were willing to assign tasks which they currently perform, to other professional workers much more readily than to non-professional workers. Counselors indicate that if they could collaborate with a team of professional persons they might be able to focus more readily on their counseling activities. However, counselors also indicated that they do not believe that counselor aides or trained clerks can carry out any but routine, repetitive types of tasks.

Perceptions Others Have of Rehabilitation Counselors Job

Hypothesis 2 stated: "Counselor educators attribute role behaviors to counselors which are more similar to those held by graduates from university programs in rehabilitation counseling than to those of agency administrators, supervisors, or untrained counselors." Two techniques were used to study the relationships between the mean Importance (Scale 1) scores of the groups. The first of these tests of the differences between the mean scores of trained counselors and RCEs was significant. Counselor educators said rehabilitation counselors do more referral and coordination job activities and less counseling activities than rehabilitation counselors ascribed to their positions. This result may have occurred because the RCE invoked a state agency stereotype rather than seeing the state agency counselor's role as having changed in the past decade. Counselor educators views of the actual role behaviors of rehabilitation counselors were dissimilar to those of untrained counselors and supervisors. Furthermore, agency administrators and agency supervisors differed from the educators, in much the same way. In addition, administrators and supervisors were quite similar in their assessment of the actual role behaviors of RC. These findings suggest an agency orientation to the counselor's job which differs substantially from a counselor educator orientation.

In the second approach the mean scores for the several groups were correlated. The results show a substantial amount of co-variation among the groups. The RCE's profiles of mean actual scores on the Abbreviated TI were much like those of trained RCs, untrained RCs, administrators, and supervisors (r's .78 to .87). The intercorrelations of the same set of scores among trained RCs, untrained RCs, supervisors and administrators tended to be even higher (.88 to .97).

Thus, the groups appear to agree about the relative importance of a sample of RC tasks. However, they do not attach the same degree of importance to specific tasks. For RCEs the actual importance of referral and coordination tasks was higher and the counseling tasks lower than for RCs and other groups.

Expectations Others Have for the Rehabilitation Counselor

Hypothesis 3 examined the relationships between the expectations held by three groups with substantial influence upon the counselor and the RC's description of his job. The hypothesis asserted that: "The actual functions (role behaviors) of the rehabilitation counselor were not closely related to the desirable functions attributed to his positions by: (a) rehabilitation counselor educators, (b) other professional rehabilitation workers and (c) agency administrators." An examination of the relevant data should provide us with some understanding of the degree to which role strain (i.e. the discrepancy between role behaviors and role expectations) was present for the rehabilitation counselor. Analysis of the sources and causes of role strain may aid in ameliorating or eliminating it. For the most part, educators thought many of the counselor's tasks should be more important than is now the case. The use of occupational materials, the administration and interpretation of tests, evaluation of the client's potential and more interaction with community resources were specific types of activities which educators felt should be a more important part of the RC's job.

The importance RC attributed to their tasks differed markedly from the importance other professional rehabilitation workers (OPRW) ascribe to them. Although graphic profiles comparing the desirable RC task descriptions of supervisors, physicians, psychiatrists, social workers and psychologists with the actual descriptions of RC showed very similar patterns, the differences in rating level were noticeable. The OPRW groups rated the desirable level of importance for nearly all tasks as higher than the actual degree stated by the counselor. OPRW groups especially thought that group counseling, administration of special aptitude tests, client services and placement tasks, should be a larger part of the RC's job. The counselor supervisors also endorsed the desirability of more of these same activities and, in addition, thought more emphasis should be placed on using occupational information.

Agency heads (AH) thought most rehabilitation counselors' tasks should be a more important part of the RC's job than they are. Specifically, AH's thought counseling, placement, rehabilitation planning, cooperation with other rehabilitation personnel, and reporting activities should be more important than RC's reported them to be.

If the discrepancy between what the counselor does and what others in the rehabilitation enterprise think he should do is an indication of role strain, it appears that RC's experience such strain. It is notable that the discrepancies all fell in the same direction; there were many tasks which others thought should be a more important part of the counselors job than the counselor reported them to be. Since there is no press for deemphasizing any aspect of the counselor's job, the role strain problem might be alleviated by (a) securing more counselors, (b) having other professional workers assume some responsibilities now a part of the RCs' job or (c) providing the RC's with specialized support personnel to assist him. There is also general interest in enhancing the contribution which the counselor makes to the vocational planning and work adjustment problems of clients. This suggests that educators may want to provide more academic and clinical preparation in vocational counseling activities and tasks.

Rehabilitation Leaders

It was also hypothesized that: "The conceptions of the future role behaviors of rehabilitation counselors, by leaders in the field of rehabilitation are similar to the conception of the desirable role behaviors of rehabilitation counselors held by counselors and by counselor educators." A moderate correlation (r=.54) between the Leaders' "future" role description and RCEs "desirable" description suggests that the views of educators regarding the RCs' job are somewhat in tune with the Leaders' estimates of the future.

In another analysis, the Leaders' "future" estimates were compared with the ratings of need for change (Scale 2) in the RCs role made by RCEs and RCs. For the 40 Abbreviated TI tasks the Leaders and RCEs had significant differences for only seven. These differences suggest RCE's place more emphasis on tasks involving affective aspects of the client's problem; e.g., clients reaction to his disability. In the same vein, Leaders think that in the future counselors will do more referring of clients for psychological evaluation and psychiatric treatment. Thus the Leaders expect increased client needs for help with psychological problems, but do not anticipate as much RC involvement in assisting clients with these problems as do the Educators.

For the same set of tasks, the RCs' "desired amount of change" scores (Scale 2) were lower on 15 tasks than the Leaders' future scores and for 29 tasks than the RCE's. The Leader-RC differences seem to reflect an expectation by Leaders that increased importance will be attached to coordinating and collaborating functions. The large number of differences between RCs and RCEs might result from the general tendency for workers in any job to consider changes in their jobs less favorably than individuals who are teaching entrants into the profession.

Counselor Role Behaviors and Personality

Much of current vocational choice and career development theory either explicitly or implicitly asserts that an individual's work role is an expression of his personality, needs and other characteristics (Osipow,1968). In planning a study of rehabilitation counselors it seemed desirable to ascertain whether work role and personality characteristics were related. Hypothesis 5 asserted that "The role behaviors of the RC's are related to: a) his preparation and education, b) his age and experience, c) the setting in which he is employed, d) his interests and personality and e) his attitudes toward counseling."

The RC's actual role behaviors were not found to be related to his measured interests, needs and personality. The counselor's work setting was found to be associated with the relative emphasis he associated with the eight duty factors which described his role behaviors. In combination with the factor analytic studies, this finding definitely suggests that the counselor's role in different settings is quantitatively different, but may not be qualitatively different. Thus, those persons responsible for the preparation and placement of rehabilitation counselors in different settings, should be concerned with the different job emphases of the various settings.

There was no noteworthy relationship between the predictor scores and the Importance duty factors scores. However, it appears that the counselors' attitudes toward counseling as a profession and his educational level are more closely associated with several of the duty factor variables than the other predictors. The multiple R's for the prediction of all criteria were relatively low.

In a study of a more constricted sample (male, experienced, DVR counselors) of the rehabilitation counselors participating in the larger study, Salomone (1968) found some significant relationships between counselor work behavior and certain vocational needs. Briefly, he found that counselors with high needs for variety, authority, creativity, and independence (as measured by the Minnesota Importance Questionnaire) attached more importance to vocational counseling, medical referral and group counseling tasks than did counselors with lower need scores on these predictors. Salomone also found that rehabilitation counselors with high scores on these dimensions compared with those with lower scores tended to perform vocational assessment, occupational information and test interpretation tasks more frequently. These findings suggest that the counselor's needs should be considered in advising and assigning students, graduates of training programs, and professional staff.

It also seemed likely that among RC's the extent to which certain duty factors would be perceived as desirable would be associated with their personal characteristics. The desirable degree of job emphasis which the counselor associates with major duties might be expected to reflect his personal approach to this work and also his background and personality. From testing Hypothesis 6 such an association was not found to exist, at least in terms of the measures used in this study. As in the case of Hypothesis 5, the relationships are nearly all so low as not to be statistically significant. Those which are significant are of such a level as to have little practical value. Again, there was a marked difference between the patterns of "desirable" duty scores for RC's in different settings.

Job Satisfaction. Since the job satisfaction of rehabilitation counselors is of some practical significance to the recruitment and retention of RCs, it was decided to determine whether the counselor's background and personality and the extent to which he is satisfied with selected duty areas are related. The two duties chosen, placement and affective counseling, are often perceived as being antithetical emphases among RC. To test Hypothesis 7 only counselors from DVR agencies were studied.

Although satisfaction with counseling or placement tasks was more predictable than other relationships studied, they also were not high. As one might expect, the extent to which a counselor regards counseling tasks as desirable is associated with his satisfaction with tasks comprising that duty.

Since a similar relationship was found for placement tasks, it may be that to assure counselor satisfaction with a particular rehabilitation counselor position, one should seek qualified counselors who attach importance to the duties which are critical for the position. The lack of relationship between measures of RC personality and satisfaction with counseling and placement tasks, suggests that personality traits may not be likely sources of predictive information about future satisfaction with RC duties. However, this lack of evidence is only suggestive and should not be used as the basis for changing personnel practices. It seems evident that counselors of many personalities types can be satisfied with their positions. The stereotype of the enterprising and realistic oriented person as one well suited for placement duties within rehabilitation counseling does not seem to hold. In the same manner, such measures as the Understanding scale of the Patterson Response Exercise, VPI Social scale, CPI Flexibility scale, and CPI Responsibility scale are not associated with counseling duty satisfaction to the degree which one might expect.

Counselor Preparation and Training

Counselor Conceptions. It seemed desirable and worthwhile to examine the correlates of the counselor's conceptions of appropriate preparation and training. The level of training counselors thought necessary for the four duty areas: placement, affective counseling, group procedures and eligibility and case finding was not found to be markedly related to the nine predictors (five counselor traits and four duty desirability measures).

The best of the eight predictors of counselors' conceptions of appropriate preparation was the educational level of the counselor. The correlation between the counselor's educational level and the four criteria duty scores ranged from .19 to .36. The highest relationship obtained was between the training level required for affective counseling duties and level of counselor preparation. There was also a low positive relationship between the counselor's educational attainment and placement and eligibility-case finding duties.

To examine the extent to which counselors from the three different settings differ in the degree they regard graduate preparation as desirable for the major duties the proportions in each group who regard graduate preparation as a desirable background for each duty area were compared. Facilities counselors tended to rate the need for graduate education much higher than either DVR or BL counselors. This was particularly true for the counseling functions, but also was evident with respect to case finding and eligibility, vocational counseling and medical referral. A majority of counselors in all three settings think a master's degree should be held by those doing affective counseling, group procedures or test interpretation. Counselors tended to think some graduate education was important for nearly all duties areas, but a majority felt that on- the-job training was sufficient for such duties as medical referral and vocational counseling.

Administrators' and Supervisors' Conceptions

Since administrators and supervisors set the agency's goals and may invoke sanctions to modify the counselor's role behavior, it seemed desirable to study their views regarding appropriate preparation and training. Their estimates of desirable training were based upon their responses to the Importance Scale of the Counselor Preparation Survey (CPS) which lists 20 key knowledges, skills, and abilities related to rehabilitation counselor preparation (Hall and Warren, 1956). Scores on four factors derived from the CPS (vocational psychology; psychological and medical information; laws, resources, and research methods; and counseling and guidance services) were used as criteria variables. Of the 12 predictor variables, the three which were consistently related to the above criteria were the supervisor's and administrator's desirability duty factor scores for placement, affective counseling, and referral. Agency supervisors and administrators tend to link the importance of the major talents required by rehabilitation counselors with the extent to which they regard major duty areas as desirable. That is, administrators and supervisors perceive a high correlation between the desirability of counselors performance of counseling and placement, and the extent to which RCs should possess related knowledge and skills.

Counselor Education Conceptions

It was assumed that rehabilitation counselor educators mold their programs to reflect their own opinions concerning the desirable role behaviors of rehabilitation counselors. To study this expectation, Hypothesis 10 states, in part, that "the current programs of rehabilitation counselor education are consistent with the conceptions of the desirable role behaviors of the counselor held by (a) University educators as a group and (b) graduate degree level counselors."

Rehabilitation counselor educators responded to the task inventory scale which asks: "To what extent does the graduate program for rehabilitation counseling students at your college or university prepare the student counselor to perform the task on the job?" To measure the desirable role behaviors for the counselor, subjects were also asked to indicate: "To what extent should the rehabilitation counselor perform the task?"

In early discussions of the rationale for this hypothesis, the project Advisory Committee suggested that educators in rehabilitation counseling could be categorized as falling into at least two major orientations. One of these might be labelled client-centered and phenomenological in orientation, and the other eclectic. Such groups were expected to hold different views of the RCs' job and different educational orientations. If such differences exist, the RCEs might be sorted into two groups. The Modified Patterson Rehabilitation Counselor Responses Exercise (Patterson, 1959) was used to identify these two groups. The groups did not differ on their task desirability scores or their estimates of the task proficiency provided by their programs.

Descriptions by RCE's of the extent to which their programs provide for developing certain task proficiencies were compared with their estimates of the desirability of an RC task. These sets of mean scores correlated significantly but fell at different levels. The educators rated their provision for developing task proficiency higher than they assessed the desirability of the task. Although the scales both have eight points, they ask different questions and do not merit comparisons by level. A Pearson correlation coefficient of .66 between the mean scores for the 40 Abbreviated TI statements on the two scales, showed a substantial amount of consistency among the educators. This analysis only examined the relationship between the educators' RC task desirability ratings and their estimates of how well their programs provide for developing task proficiencies. It would be of equal interest to know the extent to which graduates of specific programs thought their educational programs provided for the development of particular skills, knowledges, and abilities.

What counselors considered desirable levels of importance and the RCE's estimate of training provided for RC tasks differed so far as level was concerned, but was similar in profile. The product moment correlation coefficient between the trained counselors desirability ratings and the RCE's estimates of task proficiency developed was .55. These findings support the hypotheses as stated. That is, the current programs of rehabilitation counselor education are somewhat consistent with the conceptions of the desirable role behaviors of the counselor held by university educators and trained counselors.

SUMMARY

The patterns of rehabilitation counselor roles and functions differ sufficiently among the major types of agencies that counselors entering each type of agency should expect different degrees of emphasis with respect to such key duties as counseling, placement, and coordinating activities.

Although there are differences among the three settings in the degree to which various major duties of the counselor are a part of the counselor's job, the major duties are a significant part of the job in all of them. Thus, a generic program of rehabilitation counselor education rather than further specialization of counselor preparation appears justified.

Counselors think most of their tasks require some degree of training. The level of training judged necessary is related to the educational level of the counselor. It usually follows the anticipated pattern with affective counseling being most often linked to MA level preparation and such tasks as placement or the administration of paper-and-pencil tests as requiring less training. Counselors would reserve to counselors any type of counseling as well as rehabilitation planning and collaborating with other agencies.

A substantial portion of the variation among RCs' job performance, i.e., the importance of tasks with respect to his job, can be described by eight duty factors. However about one-fifth of the tasks studied were found not to cluster to any significant degree with the factors obtained. Despite the presence of a basic pattern of RC tasks and duties the RC job is not highly standardized as yet.

The RCs' distribution of his time for his major activities has not changed materially between 1956 and 1967. Counseling and guidance activities still account for the largest segment of the counselor's time. However, in this activity, as well as others, there may well have developed qualitative differences in the manner in which the counselors with differing degrees of preparation perform the activities.

Some of the aspirations of this study have been fulfilled and others have not. It provides further knowledge about the structure of the rehabilitation counselor's job. Information about the relative importance of the RC's duties and tasks provide some guidance to those concerned with counselor preparation and utilization. It presents some encouraging findings such as the general congruence between what RCEs think should be changed in the RC's job and what rehabilitation leaders expect to change by 1980. It includes discouraging findings such as the lack of relationship between RC personal traits and the emphases they place upon their duties. The study also introduces another research instrument to the rehabilitation counseling community. Finally, the problems, methods, results, and implications of this study may serve to stimulate other investigators to further study the changing roles and functions of the rehabilitation counselor.

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COMMENTS

Rehabilitation Counselor Roles and Functions

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The results of this investigation calls to our attention a great deal of information that should be of significant value in counselor selection, preparation and utilization. Since I have been requested to comment on the study not as a counselor-educator primarily, but as President of the National Rehabilitation Counseling Association, my comments will be geared more to how a professional association views the results of the investigation.

For example, during the last decade, we have had great emphasis upon the expansion of rehabilitation programs; even greater expansion appears to be ahead of us. Many feel that during this period we have not had equal emphasis upon developing and articulating a philosophy of rehabilitation counseling and in developing standards that will assure high quality rehabilitation services. The Rehabilitation Counselor Roles and Functions study has provided substantial data relevant to the development of educational and professional standards which will put new emphases upon efficiency and effectiveness of practice.

Rehabilitation is justifiably popular with the public, the professions and public officials. It is seldom that one reads or hears severe criticism of the rehabilitation movement. When he does so, there may frequently be found in these comments some indication of the frustrations the writer or speaker is undergoing as he attempts to relate himself to the rehabilitation movement. There is little question that rehabilitation professionals have been basking in the sunlight of this popularity. It has been almost as difficult to be against rehabilitation as it is to be against love, country, or motherhood.

In the generation immediately ahead, I believe that people are going to quit assuming that rehabilitation agencies are efficient; that rehabilitation people are dedicated; that rehabilitation professionals know what they are doing; that rehabilitation professions are really helping handicapped people achieve their life goals. In making this statement, I'm not assuming that rehabilitation people are not efficient, dedicated, knowledgeable, and helpful. I am saying that those in charge of rehabilitation activity will be asked to explain, in a way they have never had to before, exactly what they are doing for handicapped people, how they are doing it, why they are doing it, and what effect their services are having on individuals. They will be asked to justify their conclusions in far more objective terms than they have been required to do in the past.

I think, for instance, we are going to have to justify rehabilitation itself as an identifiable social science or admit that it is not one. Up to this point, we have talked about the science of rehabilitation without really ever carefully defining it, or identifying its elements. We shall have to answer objectively such questions as: whether or not a rehabilitation agency is necessary in order to serve handicapped people?; and whether rehabilitation counselors as separate from other counselors are necessary to counsel handicapped people?

As a result, rehabilitation as a program is highly respected, but rehabilitation as a scientific movement has little standing in scientific circles. If rehabilitation is no more than a little medicine, a little psychology, a little teaching, and so forth, we might as well recognize the fact and encourage these older professions to improve their techniques to the point that permits them to do as well by handicapped people as they are able to do by others. Then, rehabilitationists could gracefully retire from the scene, admitting the necessity of the rehabilitation movement as a transitional force to make others face their responsibilities, but not claiming any permanent place in the organization of the services for people.

In making the above statement, I am by no means assuming that the answer would be what is implied in the last statement. The author does, in fact, believe there is more to rehabilitation than merely a combination of skills. Just as the whole is equal to more than the sum of its parts in the human equation, he believes that the combination of various services delivered intelligently within a rehabilitation conscious framework equals more than the sums of its different parts. The point is that this fact is yet to be clearly established.

In the past, to a considerable extent, rehabilitation programs have been maintained and expanded not because we have built a strong philosophical case for rehabilitation's contribution to society's good but because rehabilitation agencies have been here a long time. Vocational rehabilitation was among the first of the Federal-grant-in-aid programs. Rehabilitation agencies have put a lot of handicapped people back to work when no one else was doing anything about it. Rehabilitation agencies have been reasonably efficient and have provided a great deal of service for the dollar expended. Rehabilitation agencies have avoided scandal that might have resulted in the public losing confidence in them. Rehabilitation people have seemed to be good "fellows" and have appeared to work hard. Rehabilitation people have been pragmatic in their approach, little given to philosophy, and the public, generally, likes the doer rather than the philosophizer.

These characteristics are all to the good, and it is comfortable indeed to go into the next decade with this background of public support and confidence. But, in the context of the remainder of this century, these things are not going to be enough. Others have also become concerned about people, even handicapped people, and other agencies in addition to the rehabilitation agencies are providing significant services to handicapped individuals. If I may repeat for emphasis, this means that rehabilitation agencies, if they are to remain the prime agencies responsible for the rehabilitation of handicapped people, are going to have to identify the unique aspects of disability that justify special treatment of the disabled by special types of professional workers. They are going to have to identify the unique aspects of rehabilitation that would justify its claims to be a distinct social science; they are going to have to identify the unique knowledge and skills which professional workers with handicapped people must have that other workers do not require; they are going to have to justify specialized rehabilitation training in order to gain this knowledge and these skills; and, rehabilitation people are going to have to develop a concensus in the rehabilitation movement and elsewhere as to the validity of their concepts. The present study of roles and function is a vital step in this direction.

The roles and functions study has achieved considerable success in dealing with three specific objectives of considerable importance to all of us concerned with counselor performance, i.e.,

1) Identification with greater precision of the components of professional performance in Rehabilitation Counseling, i.e., functions actually performed;
2) Developed methods by which this performance may be measured with a degree of reliability and validity that exceeds those of techniques presently used;
3) Has helped identify the variables which may influence differential rates of achievement of individual counselors.

As a result of the wide-spread and critical scrutiny which professional education has been subjected during the last decade, some of the most strongly held beliefs about length and content of the course of study have been shaken and on all sides curricular manipulation and program changes are evident. The time has come for an equally critical look at rehabilitation counselor education and preparation. If the roles and functions study can help improve either the efficiency or the effectiveness of this area of professional education, then it can be said to have made a major contribution.

Another important area considered in this study is that of manpower utilization. Rehabilitation counseling as a profession is rapidly approaching a critical period, demanding far-reaching and crucial decisions in the area of manpower development and utilization. The pressures of expanding vocational rehabilitation services, the extension of services to groups of disabled persons less than optimally served, and the development of new knowledge are only a few of the factors contributing to the increasing need to reassess our present practices in professional education, staff development and manpower utilization. The effort to define differential job functions undertaken in this investigation is an essential first step in any effort to utilize personnel with varying degrees of competency for the delivery of rehabilitation services.

It was also interesting to note that the roles and functions of the rehabilitation counselor are seen from at least three unique vantage points: (1) the counselor, (2) the supervisor-administrator and (3) the educator, and that these varying perceptions could possibly mitigate against truly effective cooperative efforts between agencies - educational institutions - and counselors. It is evident that decisions regarding roles, functions and educational preparation will require increasingly close cooperation and collaboration between agencies and educational institutions. Lack of agreement about future roles is an area definitely in need of further study and consideration.

This aspect of the study perhaps reveals that the very creation - evolution and current conceptionalization of the role of the rehabilitation counselor has been largely, and perhaps necessarily to this time, dependent upon the application of laws, regulations, administrative procedures and fiscal policies as opposed to some base in a systematic applied science. Thus, graduate programs have trained from a different prospective than that of the administrator, and the counselor has been in a largely passive - dependent position to the institution of rehabilitation.

Perhaps the most pervading principle underlying the findings of the study on role and functions is that the problems of the handicapped person require the services of well qualified, competent personnel. As we analyze the perceived, as well as the described, role of the rehabilitation counselor it becomes evident that rehabilitation counseling involves the exercise of judgment based on sets of principles and concepts which allow for effective appraisal, planning, programming, and outcomes in individual, unique situations rather than simple, routine application of techniques, to meet the rehabilitation needs of people. This study has provided us a detailed and thorough analysis of the rehabilitation counselor's roles and functions which should materially assist us in our efforts to develop and refine the profession of rehabilitation counseling.

As I speak of the next decade in rehabilitation, I speak as an optimist. I believe in the rehabilitation movement. This is because I believe in rehabilitation people. I believe it is possible to identify the specific aspects of rehabilitation that justifies identifiable rehabilitation programs and identifiable rehabilitation personnel. I do believe that it is possible to develop standards which can more effectively measure the various aspects of rehabilitation which should be measured. I believe it is the will of rehabilitation people that progress be made in this area of endeavor. I think rehabilitation people have been leaders, far more advanced than most, in attempting to coordinate their university training with the services provided by agencies. I believe that the leadership of the rehabilitation movement in this way has been significant and effective. I believe it may point the way toward the ultimate solution of problems of coordination. My plea, here, is that we get on with the job. We now have the resources to do it. A strengthened state- federal rehabilitation program, an ever-increasingly effective voluntary rehabilitation movement, and stronger and better staffed colleges and universities, working together, can chart the way to a better day for handicapped individuals and, in the process, contribute immeasurably to the fullness of life for the American people in general.

This study has dealt with vital issues in the profession of rehabilitation counseling. The information provided should establish a solid foundation for dealing with a number of very crucial concerns within the rehabilitation counseling profession.

GROUP DISCUSSION

The Rehabilitation Counselor Roles and Functions Study

Practice

Agency goals.

The need for clearly identifying agency goals in order to specify counselor roles and functions was expressed by several participants. They said:

> Counselor functions are part of the organizational system and are part of the latter's structure. Counselor practices need to be related to organizational goals.
>
> Goals of agencies and facilities determine in large part the specific job duties of the "counselor". How is this determined and should the goals of agencies concerned with rehabilitation be uniform? Is there more than one way of doing the job?
>
> The relatively greater emphasis of public agencies upon work adjustment and placement may merely reflect the differences in the mandates which they have as compared to the facilities. Although good counseling is accepted as necessary for clients the main standard for success is the extent to which agency clients move into gainful employment.

Delivering client services.

A variety of comments considered alternative ways of providing rehabilitation services to clients and reflected upon the present system.

The Roles and Functions study findings suggests there currently exists three types of jobs: office manager, counselor, and counselor aide which the counselor performs.

"...two categories of rehabilitation personnel will be required to meet the needs of the agencies under the present changing philosophy.
1) Evaluation personnel
2) Service Delivery and "counseling" personnel
Probably, this can only be accomplished by developing two separate staffs under one administration. Training and educational level might not have to be as intense at the first level - the evaluator."

The findings suggest the possibility of the counselor securing a diagnostician who arranges for counseling and other services.

The relatively little change since 1956 in the way the RC distributed his time with respect to major activity areas suggests a greater stability in the RC job than one would expect during a period of rapid expansion of services introduction of training programs, research, etc.

The differences between counselors for the blind (BL) and other RCs may result from different agency styles as well as differences in background between BL and other counselors. Also BL are (as a group) older, fewer have completed MA, and they are likely to have longer tenure, also lower salaries.

Criteria needed.

There was some concern regarding evaluating counselor effectiveness. Two remarks in this area were:

> Measures of competency for different functions of RC should be developed and used.
>
> A link from Roles and Functions study to some measures of counselor effectiveness is needed.

Role Strain.

While some conferees were concerned about the existence of role strain among rehabilitation counselors, their colleagues and supervisors, others were not alarmed but viewed this phenomenon as serving a useful purpose. These differences are shown in the following statements:

> The discrepancy in perceptions between 1) educators and others and 2) rehabilitation counselors causes "role strain" areas. The views of the two groups taken together would result in the most viable total description of the set of roles for which we're preparing counselors.
>
> Some "role strain" (i.e., supervisors-administrators vs. counselors) might be a desirable thing.
>
> I'm not surprised at difference between counselor-educator and Supervisor-Administrator perceptions (expectations) for RC behavior. Maybe that isn't bad either, on the grounds that some (how much?) "role strain" is desirable for the development of an RC. This could be studied.
>
> The dynamics of professional growth and improved services couldn't exist for long without the tension and confrontation that grows out of differential expectations concerning counselor role, function, and preparation.
>
> Reducing "role strain" via support personnel might be important in the short run but in the longer run, training for a closer relationship between the two perceived sets of counselor roles may be most important.

Adequate channels of communication among all rehabilitation personnel in agency might resolve problems regarding role expectation and perceptions.

Differences among the groups of subjects regarding role and function suggest that the development of new training programs for all levels of personnel (e.g., aides) could lead to intra-organizational competition for control of the counselor's position.

Rehabilitation aides.

The development of a role for the rehabilitation aide elicited suggestions such as:

Since RC's appear to be of little help in defining the functions of supportive personnel, should we only look to administrators, supervisors or both for this kind of help? Are experts in job analysis needed?

If counselor tasks can be arranged by level or degree of complexity, then this hierarchy should be used to develop training programs for sub-professionals.

Graduates of undergraduate, aide, or evaluator training programs may well be candidates for the RC job in some settings. Rather than solving the manpower problem, this might tend to create harmful competition among these programs.

Counselor Preparation

For most participants, whether they were educators, agency administrators, or even outside the rehabilitation community, the area of greatest interest seemed to be the implications of the Roles and Functions study for RC preparation.

Counselor Preparation Programs.

Divergent views regarding what should be done in the RC preparation programs were discussed at length.

Curricula must be validated against empirical evidence gathered from the actual agency. Each training element must be justified and evaluated by the demand for that task.

A training model of counselors should be developed from organizational studies.

Rehabilitation Counselor-Educators need to get more empirical evidence to validate their curricula.

The R + F study emphasizes counselor training adjusting to agency reality. Another possibility might be greater emphasis on counseling in agencies.

Should training programs educate for specific jobs in specific agencies or should they provide broad backgrounds modifiable by the agencies or should specific skills be taught and have the agency use only these?

The nature and amount of training required depends on what the individual is going to do. Should agency directors determine this?

The criticism was offered that the "University is not changing its curriculum to be realistically related to the counselor's functions." One participant asked, "Does the university want to provide this type of specific training?"

Educator orientation.

The importance and responsibility of the Counselor-Educator was shown by remarks like:

> Counselor attitudes reflect the attitudes of educators and perhaps more attention should be given to training in this area.
>
> Educators need to be thoroughly oriented to the work of the state-agency counselor.

Types of preparation.

There was not only a concern about the discrepancy between job and training but also a concern about having the conventional program enlarged or enhanced in a number of ways.

> More consideration should be given to formal preparation of the agency supervisor and administrator - probably at a graduate level. This type of trained person could then perhaps be more effective in developing meaningful in-service personnel development programs.
>
> Do we need to include courses in administration in our counselor education curriculum?
>
> You have identified counselor tasks. The university educates primarily for one task counseling, sometimes evaluation, rarely administrative program philosophies, etc. Should Counselor programs be modified?
>
> The basic similarities in tasks performed by RCs in three major settings would support the continued use and development of a generic curriculum for RC rather than a proliferation of specialists programs either by

disability group or function. Differences are mainly differences in degree rather than kind.

Counselor must have a meaningful intern experience in a state-agency. This has implications for employment and retention.

The results of this study underscores the importance of state-agency in-service training.

Further Research

The concern of the participants for the influence of agency structure and policy upon rehabilitation counselor role and for further study of counselor characteristics were expressed in a number of questions and suggestions.

Agency structure and perceptions.

Does agency structure and pressure influence RC role and experienced role strain?

Is there a relationship between job expectations and agency interpretation of regulations and consequent required counselor responsibility?

Assessing the relationship between agency perceptions and RC perceptions may be facilitated by using the canonical correlation approach.

What is the relationship between agency perception of RC's role and function and their inservice training emphasis?

Is there a relationship between opportunity with agency for counselor to express and attain goals and his job satisfaction?

Counselor Role.

Studies are needed to determine the relationship between counselor role and function and achievement of rehabilitation objectives.

A cross cultural study of RC tasks would be of interest.

What is the relationship between case performance data (i.e., actual task description) and the RC's description of the job?

Support Personnel.

One approach to better understanding the range of tasks which rehabilitation aides can perform would be to have aides in existing programs complete the task inventory or a similar questionnaire.

The best way to study the uses of support personnel is to employ them in differential ways and compare effectiveness under field experimental conditions. Using opinions of RC's, supervisors, and counselor-educators is inadequate.

Counselor characteristics.

This investigation suggests the need for a study of the relationship among personality, interest and role perceptions with controls for lack of linearity of relationships among variables.

What is the relationship between RC status expectations and job satisfaction?

To what extent are rehabilitation counselor qualifications "inherent" and to what extent can they be acquired through training? The question of recruitment is vital here.

To what extent are counselor personality and eventual job success hard to predict because counselors are more alike than people in general?

Would differences among the three types counselors (i.e., facilities, blind and state-agency) hold if you use only those with an MA in rehabilitation?

Other.

The study is too psychological in orientation (and research methodology) and insufficient attention is given to social and cultural (sub-cultural) factors and research methodology.

Do client expectations differ according to setting of rehabilitation service provided?

Aren't facilities RC's more likely than state-agency or Blind RC's to be members of a structured team of specialists, each with a set of particular role expectations?

A SUMMARY OF THE UNIVERSITY OF WISCONSIN PROGRAMMATIC STUDIES OF REHABILITATION COUNSELOR FUNCTION

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This investigation was supported, in part, by Grant No. RD-1311-G from the Division of Research and Demonstration Grants, Social and Rehabilitation Service, of the Department of Health, Education and Welfare, Washington, D.C.

Broadly stated the objective of the Regional Rehabilitation Research Institute at the University of Wisconsin (UW-RRRI) is the advancement of the research foundations of rehabilitation. Special attention is given to the central professional person, the counselor who is responsible for the delivery of services. The Institute was established for a program of core research on the professional functions of the state rehabilitation (DVR) counselor.

Within the university, the UW-RRRI is affiliated with the rehabilitation counselor education program. This affiliation assures the professional resources and participation of the rehabilitation counselor education staff and students. Staff studies, doctoral dissertations, and master's theses have made a substantial contribution to the core research of the Institute. In turn, the Institute facilitates research-oriented training and continuing interest of graduate students in rehabilitation research.

The research model of the Institute is based on the premise that the client rehabilitation process is influenced by counselor functions in interaction with the context of those functions. In this model nine counselor functions are conceptualized: (a) case finding, (b) eligibility determination, (c) counseling and vocational planning, (d) provision of restoration services, (e) provision of client training, (f) provision of supportive services, (g) employment placement, (h) consultation provided to other agencies serving the handicapped, and (i) public relations. Contextual covariables include selected attributes of: (a) the client, (b) the counselor, (c) the agency, and (d) the community. This research model is presented in Figure 1.

Two dimensions of investigation are underway--one, the development of measures of the functions and their covariables, and two, the assessment of their interrelationships. A number of doctoral and master's students have assisted in the development of instruments for the measurement of counselor, client, agency, and community variables which affect the rehabilitation of handicapped individuals. Concurrently, we are assessing relationships of functions within the rehabilitation process to client, counselor, agency, and community variables.

Criteria for the selection of projects for the Institute's core research were derived from three basic sources: (a) the expressed needs of rehabilitation counselors in Region V who were interviewed in the initial project to identify and evaluate specific problems in their professional activities; (b) the DVR agencies' requests which are consistent with the objectives of the Institute core research and which have operational application; and (c) a systematic search of the relevant literature to identify important and researchable problems.

FIGURE 1

FUNCTION	Focus of variables related to counselor function			
	Client	Counselor	Agency	Community
Case finding				
Eligibility determination				
Counseling and vocational planning				
Provision of purchased services:				
1. Restoration services				
2. Training				
3. Supportive services				
Consultation provided to other agencies serving the handicapped				
Employment placement				
Public Relations				
General				

Model for classification of research on rehabilitation counselor function.

The Institute has conducted an ongoing literature search. This activity serves two major purposes in addition to research programming, i.e., the selection and development of projects to be undertaken. First, it provides a basis for the interpretative reviews included in the technical reports of the Institute. Second, it facilitates dissemination of information to and about rehabilitation counselors. This contribution to the professional development of counselors is seen as the end product of all activities of the Institute, including its core research on counselor functions.

The first monograph of the Institute was a compilation of brief abstracts of documents pertinent to rehabilitation counselor functions (Wright & Butler, 1968). Selection and classification was based on the Institute's research model. Major sections concern the rehabilitation client, counselor, agency, community, and process; also, a general section is included for books and articles on varied topics. These six sections are divided into 24 subsections for ready reference. In addition to an author index, a subject index was constructed to facilitate easy cross-reference. A total of 1,413 references, each with brief annotation, is included in this 450-page volume.

The Institute's second monograph reports raw data from the DVR counselor problems survey, the Institute's initial project mentioned above (Wright, Smits, Butler, & Thoreson, 1968). The major purpose of the Rehabilitation Counselor Survey (RCS) was to identify counselors' preceptions of the problems encountered in the delivery of rehabilitation services. A survey schedule was developed and was comprised of 66 major items with numerous sub-items dealing with problem areas. Every DVR counselor function--case finding, eligibility determination, counseling, placement, etc.--was covered for potential problems focused according to the sources specified in the UW-RRRI model, i.e., the counselor, agency, client, or community. The schedule was administered in a personal interview to 280 rehabilitation counselors in Region V.

The raw data, presented according to counselor function in a major section of the monograph, may be summarized by an overview of three general areas: (a) characteristics of the counselors surveyed; (b) major problems and proposed solutions; (c) professional development.

Examination of the data concerning the characteristics of the counselors surveyed showed that: (a) almost all had obtained a bachelor's degree, and over one-third had achieved an advanced degree; (b) over two-thirds described their past work experience as related to their present work; and (c) over 40% were assigned to work with a particular disability group.

Open-ended questions were asked to identify major problems perceived as related to the client, the counselor, the agency, and the community. With regard to the client, the following problems were cited: (a) lack of motivation for rehabilitation; (b) unrealistic vocational goal; (c) undesirable personal characteristics; (d) unrealistic attitudes toward employment procedure; and (e) physical characteristics which elicit negative responses from employers. With regard to the counselor, the following problems were included: (a) lack of objectivity; (b) lack of knowledge or skill; and (c) imposition of perceptions and goals on the client. With regard to the agency, the following problems were cited: (a) large caseloads and/or pressure for closures; (b) lack of clerical help; and (c) policies and procedures. With regard to the community, problems cited included: (a) lack of understanding, interest, or cooperation on the part of other professional groups and/or agencies; (b) apathy and/or lack of understanding on the part of the general public; and (c) lack of diagnostic, training, and/or medical facilities within the community. The counselors were asked to identify the major problem in each of the function areas and to suggest solutions to the paramount problem. These solutions included such suggestions as expanding public education-public relations programs, staff development and/or expansion, and revising and/or clarifying the standards for determining eligibility.

Questions directed toward the evaluation of current training programs led to the following recommendations for improving programs: (a) greater depth; (b) increased duration; and (c) increased practicality.

The results of the RCS indicated, in general, that (a) many of the problems are perceived by counselors as being beyond their immediate control, e.g., eligibility determination standards, client lack of motivation, case processing delays, and (b) the multiplicity of tasks assigned to the counselor requires training in so many areas that the average counselor finds it difficult to set priorities for himself.

The third Institute report describes rehabilitation counselor perceptions of client characteristics which cause problems in counseling and vocational planning (Thoreson, Smits, Butler & Wright, 1968a). Data specific to this study were obtained from counselor responses on the RCS to the following question: "What problems do you see in counseling and vocational planning as stemming from characteristics of the client himself?" Responses to the question were coded independently by three judges. Interjudge reliability was deemed satisfactory. Agency setting, educational, experimental, and personal correlates of the coded response groups to specified independent variables were tested by the chi-square statistic.

Results suggested that rehabilitation counselors perceive "a lack of motivation for rehabilitation" to be the major problem in counseling and vocational placement. This general category was further delineated into six general patterns, the majority of which were psychological in nature. Significant differences among coded response groups were demonstrated on agency, educational, age, and experience variables. The pattern of responses may be interpreted as reflective of the intense frustration encountered by the rehabilitation counselor in working with the "unmotivated" client. Graduate education appeared strongly to increase counselor awareness of motivational problems and to encourage unrealistic expectations of success in applying traditional counseling procedures to such groups as the "poverty syndrome" client. Differences between beginning and career counselors on perception of low labor-market demand problems were interpreted as indicative of the beginning counselor's lack of job placement experience.

A later report describes rehabilitation counselor perceptions of counselor characteristics which cause problems in counseling and vocational planning (Thoreson, Smits, Butler, & Wright, 1968b). Data specific to this study were obtained from counselor responses on the RCS to the following question: "Do you think that counselors themselves might be responsible for difficulties in counseling and vocational planning? In what way?" Responses were coded independently by three judges, and inter-judge reliability was deemed satisfactory. Agency setting, educational, experimential, and personal correlates of the coded response groups were investigated. Relationships of the coded response groups to specific independent variables were tested using chi square.

Results indicated that the rehabilitation counselors were sensitive to their impact upon the rehabilitation process. Four major problem areas relating specifically to the counselor were identified: (a) lack of knowledge and skills; (b) imposition of perceptions and goals on client; (c) lack of objectivity; and (d) personality conflict between counselor and client. Further delineation of these four problem categories was provided. Significant differences were found in problem perception as a function of agency, experience, age, and disability characteristics of counselors. The pattern of responses appeared to reflect the realities of counseling in state rehabilitation agencies. The impact of the unrealistic expectations gained from counseling formulations about "ideal" clients from the producers (counselor educators) and unrealistic demands by the consumers (state rehabilitation agencies) was considered. The positive relationship between experience and problem openness was interpreted as suggesting greater comfortableness and less vulnerability to threat on the part of the counselor as a function of experience. Implications of the identified problem areas for both rehabilitation counselor training programs and state rehabilitation agencies were discussed.

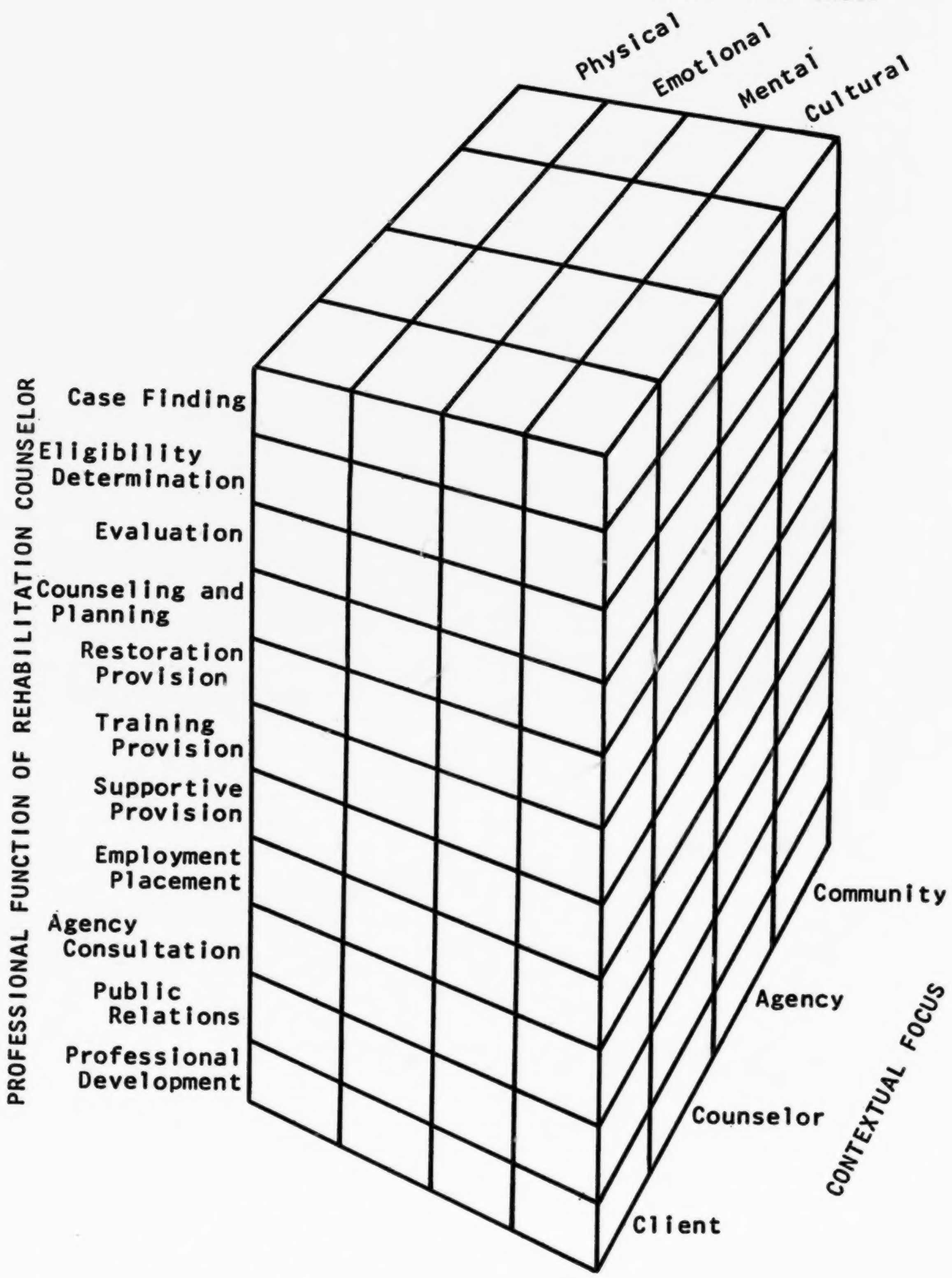
The basis of the theoretical model for the Wisconsin Studies on the functions of the rehabilitation counselor is described in this monograph. His professional functions are conceptualized as parallel to the total rehabilitation process. The unique set of service needs of the rehabilitation client, the rehabilitation agency and its structure of policies and resources, the community or environmental forces (both positive and negative), and the competencies of the counselor as the key professional person are the components which determine the counselor's role and function. The literature review traced trends in rehabilitation counseling theory. For about three decades the rehabilitation counselor was a jack-of-all-trades; during the mid-1950's he emerged in a new role, the relationship "counseling" counselor; the third and latest trend is toward not only a counseling role, but also an involvement in the total rehabilitation process as a professional responsibility not to be abandoned to a coordinator-clerk.

The next study was designed to develop a conceptual framework or model for the measurement of the professional orientation of rehabilitation counselors (Sather, Wright, & Butler, 1968). Data consisted of responses to seven interview questions on the RCS. Responses were coded according to criteria derived from the literature on counseling theory and practice. The patterns of assigned codes were used to classify counselors into four subgroups or orientations: concern for the counselor-client relationship, concern for the client's situation, concern for both the relationship and the situation, and concern identified as neither.

The results obtained warranted the conclusions that (a) four distinct professional orientations may be identified reliably; (b) an orientation continuum exists with the relationship and situation orientations at the extremes; and (c) a counselor can be described relatively accurately in operational terms according to his professional orientation. The implications of these conclusions for formulations concerning the role of the rehabilitation counselor were discussed.

The purpose of another study of the RCS series was to assess the relationship of counselor orientation to performance in two major areas of professional responsibility--eligibility determination and employment placement (Ayer, Wright, & Butler, 1968). The study represented a validation of the model described above which was developed to measure the professional orientation of rehabilitation counselor. It was hypothesized that counselor orientation is related to (a) attitudes toward selected professional responsibilities; (b) attitudes toward professional development; and (c) case performance during the rehabilitation process. The attitudinal data were the responses of counselors who

RESEARCH MODEL



participated in the Rehabilitation Counselor Survey. Data concerning the impact of professional orientation upon case performance were drawn from the records compiled in the Patterns of Rehabilitation Services project of the National Rehabilitation Association.

Significant relationships were identified between professional orientation (i.e., situation, client, both situation and client, and neither) and the following: undergraduate education, prior work experience, and RCS questions concerning case finding, perceived major professional problems, and solution to paramount problems. The comparison of orientation with case performance data yielded a significant interaction between the reason for nonacceptance for services and orientation; non-relationship-oriented counselors emphasized client failure to respond to services and disability-related problems and indicated a desire to avoid involvement in difficult, time-consuming cases.

The last study based on the RCS focused on the components of "adequate professional development" by interpreting counselor perceptions of issues in professional development (Dumas, Butler & Wright, 1968). Data were obtained from the responses of 170 counselors who completed the professional development items, i.e., items relating to counselor characteristics and qualifications, training, journal and agency literature, consultation and reference services, staff interaction and communication, and self-evaluation procedures.

The results included responses to a series of forced-choice questions concerning the need for improvement and/or expansion in each of the developmental areas, suggestions for improvement and expansion in these areas, and indications of the relationship between selected counselor characteristics and the suggestions offered. The counselors appeared to have one overriding concern--the need for innovation in the areas of research and development. Almost all of the recommendations made require the generation of new information, new administrative control techniques, and/or a new system for analysis and decision-making. The variable which appeared to discriminate best among the counselors in relation to their perceptions was their formal training.

Another monograph concerned research media for counselors and other rehabilitation workers (Trotter, Wright, & Butler, 1968). The major purpose of this study was to develop a "standard" abstracting format which could be utilized to present VRA-sponsored R & D project results in a concise, uniform, and understandable fashion. For study purposes the format of the standard abstracts conformed with procedures followed by professional journals for research reporting with sections devoted to background information, methodology, etc. The VRA Summaries emphasize only results and their practical implications. An evaluation was made of standard abstracts for conveying content and research adequacy information in comparison with final reports and VRA Summaries. Two instruments were developed to test communications: The Research Criteria List, a checklist of information needed to assess the adequacy of a research report, e.g., specification of sampling methods and significance tests, and The Classification System, a list of topics contained in rehabilitation literature. The hypothesis that standard abstracts convey information on research adequacy and content as well as final reports and VRA Summaries was tested by the analysis of variance.

The hypothesis that standard abstracts do not differ significantly from final reports or VRA Summaries in communication of research adequacy information as measured by the Research Criteria List, was rejected at the .05 level of significance. The Newman-Keuls procedures for testing differences between means indicated that the judges' mean performance on abstracts ($\bar{X}$ = 53.17) was significantly higher than their mean performance on VRA Summaries ($\bar{X}$= 46.50). Therefore, although abstracts were not appreciably longer than the summaries, the results suggest that research adequacy information was conveyed to a significantly greater extent by the abstracts.

Newman-Keuls mean performance comparisons between abstracts and final reports and between final reports and VRA Summaries did not yield differences significant at the .05 level. Hence, abstracts of final reports would appear to have conveyed research adequacy information, as measured by the Research Criteria List, as well as the final reports themselves. VRA Summaries appeared to convey this information as well as final reports. The reliability of the Research Criteria List was estimated to be moderately high.

The hypotheses that standard abstracts convey content information as well as final reports and summaries, as measured by the Classification System, was not rejected at the .05 level of significance. Therefore, on the two instruments used to assess communication of the information, abstracts were found to convey research adequacy and content information as well as the longer final reports. Abstracts were found to convey research adequacy information to a significantly greater extent than did VRA Service series Summaries.

The secondary hypothesis, that practicing rehabilitation counselors could assess communication of research adequacy and content information as well as rehabilitation researchers and educators, was also supported. The two analysis of variance tests of this hypothesis were not found to be significant at the .05 level.

The conclusion is that standard abstracts of R & D final reports convey content and research adequacy information (a) as well as final reports themselves and (b) significantly better than summaries which do not conform to standard procedures and coverage in research reporting. This conclusion applies to state rehabilitation counselors who were tested for their understanding of research adequacy and content of all three types of media.

Rehabilitation Research, a new publication by Wright & Trotter (1968), was the direct outgrowth of the study by Trotter et al., (1968) which showed that research reported in standard digests would be correctly interpreted. The book presents about 100 VRA-sponsored studies pertinent to rehabilitation counselor practice. In 700 pages and 250,000 words, it provides a central reference source to the product of an estimated $100,000,000 federal investment. Although the work was started under VRA sponsorship, the University of Wisconsin later assumed publication expenses, and the book is not officially regarded as a project of the Institute.

A large satellite project of the Institute is entitled "Vocational Rehabilitation as a Model for Facilitating Employment of the Handicapped Utilizing Extended Concepts of Eligibility." It was designed to study the effectiveness of the intensive and extensive application of regular rehabilitation services by an experimental rehabilitation service agency in a selected county--Wood County, Wisconsin (Wright, 1967). Thus the Wood County project had a twofold purpose: to assess the result of expanding rehabilitation services to a maximum number of handicapped persons eligible because of medical disability, and to provide guidelines for the extension of rehabilitation services to the culturally disadvantaged who were not eligible for rehabilitation services under previous regulations.

Planning, research and evaluation, and reporting aspects of the project were delegated to the RRRI, with the Wisconsin DVR--directed by Adrian Towne--administering the demonstration aspect, i.e., the provision of client services. Institute staff participated in the planning phase, in the design of the study and preparation of the original application. An early major consideration was the development of instrumentation necessary to test the primary hypotheses of the study concerning the impact of the model agency services upon the client, the community, and the rehabilitation agency program. Instrumentation, data collection, and data analysis are in four areas: (a) measurement of impact on "traditional clients"--the medically (physically, mentally or emotionally) disabled; (b) measurement of impact on nonmedically handicapped clients, served by expansion of eligibility criteria to include social, financial, and educational handicapping; (c) measurement of impact on the community; and (d) changes in rehabilitation processes, e.g., costs and patterns of services, counselor time, etc.

One of the overall purposes of the Wood County Project was the development of a field laboratory and data bank with automated processing. The Institute has extensive testing, service records, and follow-up studies of clients of the experimental agency (Wood County) and the control agency (a traditional rehabilitation local office in a similar Wisconsin county). These data provide the basis for evaluation of the project for the final report. In addition these longitudinal, in-depth observations will be exploited further in a comprehensive analysis of correlates of client, rehabilitation process, and outcome variables. Furthermore a number of auxiliary studies are underway: measurement of rehabilitation gain, psychological impact of disability, attitudes toward the disabled, patterns of counselor services, and community influences.

The first Institute monograph on the Wood County Project focuses on case-load feasibility in the expanded agency (Hammond, Wright, & Butler, 1968). As indicated above, the expanded program was characterized by (a) an increase in the number of agency counselors and in available case service funds and facilities, and (b) the expansion of eligibility criteria to include the culturally handicapped.

From these groups, clients who had completed the program's Test Battery were eligible for inclusion as subjects in this investigation. Of those eligible, 85 were selected at random for the medically-handicapped group and the culturally-handicapped group. For comparison, a group of 85 medically-handicapped clients were selected from the control agency.

The specific objectives of the investigation were to compare (a) the case feasibility level of the two medically handicapped groups; (b) the feasibility level of the two groups of the experimental agency; and (c) selected personal characteristics, e.g., intelligence, adjustment to disability, work status, of all three groups.

To make the feasibility level comparisons, eight scales were developed to assess rehabilitation caseload feasibility both in general and in seven specific handicap areas: emotional, social, intellectual, economic, motivational, job skills, and physical. An extensive review of the research literature relating personal and socio-cultural variables to success in rehabilitation or allied areas was conducted. The Test Battery (which contained five instruments including a personal history survey, the Handicap Problems Inventory, and the Standard Progressive Matrices) and state vocational rehabilitation agency records were examined, and items which were consistent with the results of the research findings and which appeared to reflect rehabilitation non-feasibility were extracted. An analysis using reciprocal averages was performed on these items, thus yielding a composite score for each client on each of the eight scales. Investigation of the scales' reliability and validity demonstrated that these scales were satisfactory for research purposes. Mean comparisons were made using the _t_ test. Chi square was used to test the association between group membership and personal characteristics, defined in terms of individual test and records items.

The results indicated that the medically-handicapped groups were similar with regard to feasibility level and personal characteristics. In the comparisons between the experimental agency groups, differences, significant at the .05 level or beyond, were identified in the general, intellectual, emotional, and motivational areas; in each instance a higher (better) level of rehabilitation feasibility was observed for the culturally-handicapped group. Analysis of the personal characteristic data also indicated that a lower level of feasibility was associated with membership in the medically-handicapped group.

It was concluded that: (a) instruments to measure rehabilitation feasibility level, both generally and specifically, can be constructed; (b) the extension of rehabilitation services to a larger proportion of the handicapped population of a rural community does not decrease rehabilitation caseload feasibility level; and (c) vocationally handicapped clients (i.e., the culturally handicapped) who do not have medically-defined conditions generally have a higher level of case feasibility than clients with whom rehabilitation personnel have traditionally been involved.

In another study the Institute investigated clinical-versus-statistical prediction of client feasibility (Bolton, Butler, & Wright, 1968). The purpose of this research was to investigate the rehabilitation counselor function of rectly by assessing the accuracy of prediction for 2,548 clients accepted for services in Wisconsin during the 1965 fiscal year. The counselors' predictions were recorded on a seven-scale handicap to employment chart and combined in a linear equation for optimally predicting the clients' salaries at closure. Ten biographical variables were also combined in a multiple regression equation to predict the criterion.

Analysis of the criterion distribution yielded two groups: (a) the more successful clients who earned $50 per week or more at closure, and (b) the less successful clients who earned less than $50. The 10 biographical variables combined in the multiple regression analysis showed that the more successful group had proportionately more (a) males; (b) married persons; (c) persons with dependents; (d) persons who were employed wage earners at the time of acceptance; (e) younger persons; (f) persons with at least a tenth-grade education; and (g) physically disabled persons. These findings were consistent with the results of other investigations.

The results indicated that the statistical prediction was significantly more accurate than the "average" clinical prediction. However, when the clinical predictions were analyzed for groups and individuals, a wide variability among counselors was discovered. Education and experience were not related to predictive accuracy when the variability among individuals was taken into account. The Job Skills and Social scales were the two most important variables in the counselors' predictions of rehabilitation outcome.

Another recent project was the UW Rehabilitation Information Service (RIS) which was one of two related studies co-sponsored by the statewide planning directors in the five states of Region V and Minnesota in 1967-68. The purpose of the information project was to provide a systematically-organized review of rehabilitation literature relevant to the planning for rehabilitation services. With the use of a model based primarily on that used for the Institute reference library, subjects of information essential to state vocational rehabilitation planning were identified, abstracted, organized and coded. The system provides for the assembly of important information and its convenient storage and retrieval. State planners were provided with a file of over 2,000 digests for their unique information needs. These digests condensed the original documents and were cross-indexed in accordance with the model for efficacious retrieval. At the request of RSA, the digests have been made available, at cost, to all state DVR agencies. (A limited number of bound copies (in six volumes) will be offered to libraries.)

A second major facet of the cooperative effort with the regional statewide planners was a comprehensive survey of rehabilitation needs based on a twofold approach. In the six participating states (Region V and Minnesota), screening interviews were made by Wisconsin Survey Research Laboratory telephone interviewers to 9,000 homes to identify disabled persons. Subsequently, personal follow-up home calls were made by DVR counselors to interview disabled individuals identified by the screening survey for assessment of eligibility, interest, and required rehabilitation services and facilities by type of disability. The plan for the survey and the literature search (RIS) is described in detail elsewhere (Wright, Butler & Aldridge).

Another important satellite project of the Institute concerned "Client-counselor Communication in Counseling of the Mentally Retarded." The major purpose of this project was to systematically examine and describe the counseling process with the mentally retarded. The study was conducted at the St. Coletta School for Exceptional Children with clients referred to the project staff for personal adjustment and vocational counseling. Audio tapes were made of all counseling sessions. Segments of the interviews, selected by stratified sampling, have been rated on selected process content and process approach variables. In turn these dimensions were related to client, counselor, and situational characteristics. The project has been completed with the final report now in progress.

The Wood County and other satellite projects may add a new dimension to the research model of the Institute--variations by disability type (both cultural and medical) as they affect professional functions in the rehabilitation process. If rehabilitation is to be extended to all persons with a barrier to occupational adjustment--as Congress authorized in the 1968 Amendments--a research basis for counselor practice is essential.

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COMMENTS

Programmatic Studies of Rehabilitation Counselor Functions

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To me one of the most exciting findings in Dr. Wright's presentation was the implication that one could, for example, read his brief 18 page handout and be able to retain essentially the same amount of information that would have been learned from reading all ten of their monographs. This finding which was documented by Ann Trotter demonstrated that a good abstract can convey critical information as accurately and obviously much faster than the original report. For those of us who seem to be pressed for time with ever mounting stacks of reading material, this is a most welcome finding. Widespread usage of the proposed abstract format would make it possible to devote more time to carefully read those lengthy reports in detail for which we have specific reasons to study methodology, analyze procedures, etc. Dissemination of abstracts of proposed presentations of research findings to participants in conferences such as this prior to the meeting should be an invaluable procedure.

The Wisconsin RRRI has employed an intriguing device to provide a conceptual framework for their research studies. Initially they set up a two dimensional model in terms of counselor functions and contextual aspects. Now they have expanded it adding a third dimension concerning client characteristics. Such a model serves not only as a stimulus for identifying and categorizing particular areas for investigation but it also provides a means of summarizing their research efforts. Their model also points up the tremendous complexity of needed research in counseling. For example, the three-dimensional model specifies 176 specific areas representing various combinations of counselor, client and contextual variables which could be studied. If one would study the inter-actions of various combinations of variables and their effects on others, one could eventually end up with thousands of studies from their deceptively simple model. This is a rather sobering observation pointing out the vast problem inherent in developing a comprehensive understanding of the counseling process.

There are some interesting parallels between the work of the Wisconsin RRRI and the work reported earlier this morning by Dr. Muthard. Dr. Wright's group has empirically teased out critical counselor functions from surveys and questionnaires. Dr. Muthard's group, using similar data, has taken the highly mathematical approach of factor analyzing responses and coming out with what seem to be quite comparable counselor functions. From these two independent research efforts, it would seem plausible that current counselor functions could be well documented and described. Brainstorming of these results could, in a sense, be a kind of cross validation of the findings from which useful conclusions and recommendations might be drawn.

Both research programs point out the discrepancy between counselor functions and counselor education programs. They delineate ten or eleven major functions of a counselor of which counseling only occupies a small percentage of job activities and is not necessarily perceived as the most important function. Obviously, we focus very strongly on counseling theory, practice, etc. in our education programs and typically avoid community relations, management, supervisory relationships, etc. It clearly appears from these research observations that a counselor in the rehabilitation area has a multitude of tasks. His effectiveness in dealing with these tasks could, perhaps, be augmented through education aimed at some of the principles and theories involved with those task functions. It is obvious that education does not need to conform directly with the immediacies of preparing a person for specific job tasks. Nevertheless, the data would seem to indicate that a better "fit" in giving more breadth to counselor education courses covering relevant facets with less emphasis on counseling might be warranted at the Master's Degree level.

There is still another parallel between these two major research endeavors which deserves further comment. The Wisconsin group noted in one of their monographs that there appear to be two major counselor orientations: relationship versus situational. These two orientations appeared to be opposite ends of a continuum. In Muthard's work, differences in counselor orientations were noted among those working in agencies and facilities. Those who worked in facilities seem to share attitudes comparable to the relationship orientation in the Wisconsin studies and those with agency affiliations tend to have what was described as a situational orientation. These kinds of orientations could warrant further investigation and might lead, not only to better counselor education programs, but to more appropriate placement of counseling graduates into areas with job tasks more commensurate with their basic orientations.

The Wisconsin group has also ventured forth into experimental, action-oriented programs. Many counselor education programs often are reluctant to get involved in these programs which involve service as well as teaching obligations. The Wood County Project illustrates how a social action program can modify and change counselor functions and attitudes. At the same time this program has served as an invaluable media for research studies.

Besides the reluctance of many University programs to assume responsibility for program development and innovation at a practical field level, counselor educators are somewhat timid in experimenting with their own educational programs to try out different approaches, different curricula to see what improvements in a counselor's potential effectiveness for the eventual job tasks could be achieved. Needless to say, implementation of new programs should be carefully evaluated and in a sense become data for additional research.

In conclusion, several aspects and implications of the Wisconsin studies have been highlighted. Because of the diversity of their research, it is difficult to make any specific generalizations of their findings. The major implications of their studies might best be achieved by considering specific but related dimensions (as counselor functions and counselor education) and having direct interaction and confrontation with other researchers involved with similar studies. The agreements and disagreements among their respective research endeavors and experiences could then be presented to a broader critiquing by individuals from various disciplines as present in this conference.

GROUP DISCUSSION

University of Wisconsin Programmatic Studies of Rehabilitation Counselor Functions

Practice

Criteria

"Satisfaction with services" is not synonomous with rehabilitation outcomes such as satisfaction & adjustment to life, work, family, etc. Therefore, great care & thought should be exercised before using it as a criteria to evaluate a program or particular service.

Support Personnel

Master's level personnel are too few to meet the demands for services, does this suggest the need for sub-professionals or a different type of professional training?

Sub-professional personnel could be employed to gather occupational information.

Roles and Functions

Does the counselor really have to be a "Jack-of-all-Trades"?

How can counselors develop or receive the responsibility for making changes? If counselors see themselves as lacking this power, how can we expect them to attempt to meet client's needs?

Although the counselor is involved in all aspects of the rehabilitation process, he can't be expected to carry out all of the functions himself. A team approach is more realistic in view of the time, complexity and human limitations.

It might be more effective to have counselors specialize in specific functions (e.g., casefinding, eligibility determination) rather than broaden their role. This is one way that a larger number and broader selection of clients could be served.

Organization

Perhaps other social service agencies would do well to use the rehabilitation organizational model?

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Recruitment

Are the training programs/state agencies going to have to use different criteria in recruiting and selection of potential rehabilitation personnel?

If the rural poor are a vast untapped pool of potential clients, then does this not argue for an expanded recuitment program?

Service

The results of the Wood County Project (Wisconsin) suggest a relationship between the amount of money spent on a client and his "satisfaction". Does the client's concern about the amount of money spent on him reflect a lack of quality in the client-counselor relationship?

Counselor Preparation

Research Utilization

Your materials would be useful to DVR Staff Development Officers. Do they routinely receive the monographs? Must they request them? If it is left up to them, they probably will never see the materials.

How do you train the counselor for innovative activities or is this part of the initial trainee selection process?

Is a change agent type of role related to the function of the counselor as a mobilizer of community resources?

One implication, curriculum wise, if for a different kind of research course in counselor training programs e.g., designed to help the student learn how to utilize research findings rather than "how to do it", as is the case now.

Counselor Education

Dumas et al study suggests that there may be some utility in providing students with abstracts of all literature regarding rehabilitation counseling process. Accessibility may promote or develop a view of the self developing professional.

There should be courses in community organization. Perhaps training after a period of employment could concentrate in specialized areas such as community organization, public relations, placement, so as to permit placement in these areas. Regular in-service training programs should concentrate on problems of case handling, new research concentrate on problems of case handling, new research findings which are applicable, and a presentation of current journal articles as well as occupational information.

There is a need for more training in the analysis of client situations.

We should investigate the effectiveness of counselor education by relating it to the counselor as a trained "product".

Roles and Functions

Is it antithetical to expect a rehabilitation counselor to be a "counseling counselor" and a mobilizer of community resources? How do you visualize this "mobilizer"? What do you mean by the current trend of the rehabiliation counselor to be involved in the "total rehabilitation process"?

I don't agree that eligibility determination, public relations, etc. are professional functions. What justification do you have for perceiving eligibility determination as a professional function?

How would training differ now, if twenty years ago the consensus had been to title the person now called a rehabilitation counselor a "rehabilitation Social Worker" or a "rehabilitation coordinating officer", etc.? Would training now be conducted in schools of Social Work or in school of business management (instead of in Psychology Departments)?

Further Research

Research Utilization

How do you get research findings into training programs and then into agency practice? This knowledge should be included in in-service training of administrators as well as other personnel.

I would really question the assumption that abstracts are more helpful to counselors than summaries. I would be inclined to think that for practitioners (particularly untrained counselors) that Research Briefs "and summaries" are more helpful.

We need to study the ability of counselors to internalize and use research findings.

Are the Wisconsin instruments to study research media generally available?

We should continue to try to improve communication efforts, probably with audio-video tapes.

There is need for innovation in research techniques in the whole field of rehabilitation counseling. How can this be achieved?

We must study the counselor as a research consumer.

We should investigate the role (or role conflict) of counselor as a general broad behavior modifier vs. counselor as agency innovator and change agent.

Some research dissemination studies that would be useful are:

1) Can counselors understand conclusions?

2) Can they evaluate "soundness" of research from which the conclusions came? and

3) Is their ability to evaluate "soundness" related to their training?

We must study transfer of new knowledge into existing organization.

General Comments

There is a need to study the whole rehabilitation process as a system, with component subsystems.

There is a need to develop research projects to study screening and diagnostic categories in relation to client characteristics.

We must develop a case classification system related to feasibility variables and prediction indices.

A question that concerns me is the extent to which we are focusing upon a single type of agency?

Are there needs of the disabled that transcend the agency? Can a person be trained who fits our agencies?

Must all training be capped by direct experience in the agency in which the individual becomes employed?

Statistical Technique

Do *not* make a decision (from research results) from *lack of relationship* data. That is, if a study shows no relationship - this *should* not be cause for an action. Only when you have a relationship (direct or inverse) can you make a decision.

Role and Function

Where is there agreement among practicing counselors on roles which are alien to them?

How about a cross-professional study of functions, effectiveness and organizational structure, e.g., Rehabilitation Counselors vs. Social Workers?

The research model ideal helps to keep research in focus. Do all the counselor functions listed on the left side of the UW model require a "professional counselor" as suggested? Just what is required for each? This seems to tie in with the Role and Function Study.

Have you compared the effectiveness of your model to that of various team combinations in which different allocations of responsibilities are made? By effectiveness, I mean not only global, but effectiveness of the several services suggested in your model, holding time and cost constant.

Counselor Education

There is a higher variability in clinical predictions made by rehabilitation counselors. Is this a function of training or of the individual?

We need a study of the subcultural values, biases, views, etc. of the counselor himself and how this effects his actual practice and how he views his client population.

Is the best counselor orientation (i.e., to relationship and to environment) related to data on effectiveness? Outcomes?

We need more knowledge of techniques used to overcome motivational difficulties in various handicap categories.

There should be some analysis of client relationship in terms of needs of client and counselor orientation.

Research projects are needed to validate the assumption that the Rehabilitation Counselor should be both a "counseling counselor" and a counselor who works at developing greater community participation. This should also test the assumption that both aspects of the role can be taught through typical educational programs to typical candidates for the Rehabilitation Counselor's role.

Wood County

The results of the Wood County Project (Wisconsin) suggests that the disadvantaged have a higher motivational level. Is this generally true? Are there differences between groups?

Re: Wood County project, it is important to control comparative outcomes for income and for interviewing variables such as: age, sex, and variety of employment opportunities available.

In the Wood County study it was stated that "Rehabilitation works with the disadvantaged" - "what criteria were used to define rehabilitation working?"

It is necessary to follow up clients in the Wood County project to see if they maintain their improvement after rehabilitation services or tend to regress.

The Wood County approach should be tried in "inner-city" (with what we know as a ghetto population) areas.

There is a need for a comparative study of white rural Wood County disadvantaged and Negro inner-city disadvantaged.

Is there a possibility of comparing traditional service delivery techniques to some new and different techniques in dealing with the "disadvantaged" groups?

Why was there such variability among counselor predictions?

How can you operationally measure the capacity of Rehabilitation Counselor Educators and Rehabilitation Counselors to evaluate research?

PROFESSIONS PROJECT ACTIVITIES

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INTRODUCTION

Developments in the field of rehabilitation since the 1920's have been responsive to the direction of change in the larger societal milieu. The widening of the focus of rehabilitation to include the mentally and socially disabled has reflected a rise in humanitarian ethos, concern over social usefulness, rights of individuals to the largesse of society, and also a desire to maintain the economic contribution of citizens. Concurrently, advances in science and a growing ethic of public concern have propelled rehabilitation into prominence in both medicine and social service. The rehabilitation system is big business and generates its own needs for growth, expansion and entry into new service areas.

Although rehabilitation has engaged the services of many types of workers throughout its history, the role of rehabilitation counselor may be identified as the crucial one in the expansion of the field. As head of the rehabilitation team, the counselor may be potentially the "professional's professional", insofar as he combines the role of educator, social worker, and coordinator par excellence. However, as the role has become more absorptive, the problem of submitting it to precise definition has become more complex. Therefore, when the Professions Project undertook to study the career contingencies of the rehabilitation counselor, it was committed to examination of processes of professionalization within a field whose objectives were differentially defined and whose functions and body of knowledge had not been delimited. It was expected that information leading to definition of the counselor's characteristics, attitudes, and work histories would be of assistance to those who face problems in recruitment, training, and turnover. In addition, analysis of the problems faced by rehabilitation counseling as an emerging profession would constitute a contribution to the sociology of professions. For example, the career pattern and processes in becoming a professional may be similar to those of other occupational systems under the rehabilitation umbrella.

These goals had been enunciated at Carmel California in March, 1965 at the conference of sociologists and persons in the Vocational Rehabilitation Administration who were concerned with determining the usefulness and applicability of current sociological theory and research to the field of rehabilitation. Sociology and Rehabilitation, the book that emerged from this conference, contained a chapter entitled "Occupational Sociology and Rehabilitation," which reflected the general orientation of the project at its inception.

An overview of the sociological literature dealing with professions was necessarily a first approach to the conceptual and theoretical problems to be explored. Working Paper #1, Professionalism and Rehabilitation Counseling an Annotated Bibliography, is a compilation of relevant studies. It was first completed in September, 1965, and revised in March, 1968.

Role definition had been clearly identified as a basic issue in the professionalization of rehabilitation counseling. However, it was believed that professionalism per se might not be a goal universally sought among persons in the field. Variation in the desire to make rehabilitation counseling a profession or to label and identify the occupation as a profession was believed to reflect the differential values present in major segments of the field and was one focus of this study. The variables employed to determine and measure the condition of professionalism among rehabilitation counselors were service orientation, theoretical knowledge, and autonomy, believed to be core characteristics of professionalism.

A roster of all people engaged in rehabilitation counseling as of the spring of 1965 was developed through contacting state divisions of rehabilitation, Veterans' Administration locations, and private agencies concerned with rehabilitation. The completed listing contained the names of 4,559 individuals. A National Sample of 999 was taken from this population. This was a random sample, stratified on the basis of setting, membership in professional associations, and geographical region. Responses to a mailed questionnaire were received from 888 persons, for a response rate of 89 percent.

In order to study the contingencies met by rehabilitation counselors as they enter and advance in the field, a student population was selected for longitudinal study. All students scheduled to graduate from accredited schools in the spring or summer of 1965 were surveyed prior to graduation with a self-administered questionnaire. This Student Panel contained 326 persons, of whom 324 responded. In 1966, 300 replied to a second survey. A third questionnaire wave with this same panel in 1968 has resulted to date in 274 careers being completely followed since 1965.

The questionnaires used to obtain data were self-administered mailbacks, in order to insure confidentiality. The initial instruments were made identical in all possible respects to facilitate comparison of the two populations under study.

Non-respondents as a group were compared with respondents with respect to their distribution on basic variables. The two non-respondents in the Student Panel were found to fit the modal patterns. In the National Sample, base data were obtainable on 64 of the 111 non-respondents. These indicated that in general, those who failed or refused to complete the original questionnaire were persons who lacked a graduate degree and who had served for a considerable period in rehabilitation without having achieved advancement in the field.

The role commitment of respondents was assessed through study of the pattern of their occupational mobility. Time in the field, and advancement were considered relative to variables affecting recruitment, training, work settings, and job expectations.

The roster from which the National Sample was drawn was checked against the membership lists of the American Psychological Association, the American Rehabilitation Counseling Association, and the National Rehabilitation Counseling Association both to aid in stratification for sampling and to determine the influence of the three professional associations in the field. It was found that 59 percent of the counselors belonged to an association. The association chosen differed by setting due to the character of counseling duties performed, and within each setting according to occupational and regional characteristics. These findings were presented in full in Working Paper #2, Professional Associations and Memberships in Rehabilitation Counseling, which was published in October, 1965.

Working Paper #3, Profile of the 1965 Student Rehabilitation Counselor, was completed in August, 1966. The characteristics of Student Panel members which were relevant to recruitment and retention in the field were delineated. Concepts of the nature of the occupation expressed in advance of graduation were also presented. Many of this population were found to have had experience with disability. They tended to be older than the usual graduate student, often having had an earlier career which had afforded them insufficient expression for their humanitarian interests. Recommendations for recruitment based in part on these findings were later presented at the Workshop Conference on Rehabilitation and Visual Impairment which was held in New York City in December, 1967.

Data relevant to differences in professional characteristics and views of professionalism of the occupation were analyzed. In general, persons in the field, particularly those who had served for twelve years or more, considered the occupation more professional than did students, more recent entrants to the field, or those without counseling experience. Although commitment to the rehabilitation counseling role was nearly uniform throughout the research population, the total impression was that those having least contact with academic attempts to upgrade the field had the most positive image of the professionalism of the occupation.

In 1967, an analysis was made of the content of graduate training programs. This study was directed at identifying the knowledge base underlying current practice in the field. Data were obtained from course catalogs and from telephone interviews of program directors to gain information on practicum/internship programs. Responses from 31 schools indicated that most programs are dominated by a psychological orientation stressing the assessment of personality determinants in relation to job choice, with less emphasis given to occupational considerations. More variations than similarities were found among departments in reference to specific course offerings, undergraduate and graduate requirements, and alternatives for degree completion.

An informal survey was made of hiring procedures for rehabilitation counselors in state settings to examine existing policies and practices of recruitment. Procedures requisite for making job applications were examined, and found to be greatly inefficient. A placement bureau such as that being established by the National Rehabilitation Counseling Association seemed desirable to initiate a drive toward modernization of hiring practices. There was clearly a need for the extablishment of uniform procedures across states for connecting prospective rehabilitation counselors and employers.

In 1967, a survey of the public image of rehabilitation counseling was undertaken as a basis for examining the relationship between public mandate and professional autonomy. To investigate this question, the National Opinion Research Center at the University of Chicago was utilized to interview 1,500 persons who were a random sample of the United States population. Background data were collected along with information on personal disability experience and the public view of rehabilitation counseling as determined by the extent of general knowledge of the tasks of the counselor and the prestige accorded to the occupation.

Results indicated that the occupation was not generally known. However, it was rated rather uniformly sixth out of seven occupations which are commonly involved in rehabilitation. It appeared that in the crystallization of a public image, stereotyped opinions of occupational categories were more important than actual knowledge of the tasks or services of the job itself. These findings have implications for other emerging professions seeking recognition and prestige. The views of a segmental public which has intimate knowledge of an occupation and its functions may be more crucial to the attainment of professional status than is the view of the public at large.

National Sample data indicated that as a professional field, rehabilitation counseling was relatively fluid in regard to social types, work roles, and the attitudes of incumbents regarding their work. These factors appeared to overshadow the influence of broad similarities in occupational objectives. Working Paper #4, The Practitioners: Rehabilitation Counselors in Three Work Settings, dealt with the range of these variations.

A similar situation was found to exist among those recognized as leaders in the field. In general, leadership in rehabilitation counseling was located in the supervisory echelons of the state-federal agencies and among the educators in the university training programs. Study revealed no evidence of a consensus regarding the means to be taken to unify the field in the pursuit of professional goals.

The extent of the professional autonomy enjoyed by practitioners was another research concern. Observations and interviews were employed in nine representative agencies to conduct an on-site study of this aspect of the rehabilitation counselor's job. Organizational structure and goals were found to be of major importance in determining the range of autonomy permitted to rehabilitation counselors in the performance of their tasks.

In June, 1966, the first follow-up questionnaire was presented to the Student Panel. At this time, predictions were reviewed which had been made regarding the types of Student Panelists most likely to remain in the field. These had been based on analysis of social and personal characteristics and the long term goals which has been expressed in the initial interviews. The factors which were found to have had predictive power a year later were high commitment to the rehabilitation counselor role during the training period, termination of study at the MA level, and an initial long term goal in rehabilitation counseling or administration.

Responses also revealed that one year after scheduled graduation a third of the Student Panel had failed to accept employment in their field. Many of these had taken employment in administration and social welfare. This "dispersal effect" was studied, to determine whether the boundaries of the field of rehabilitation had been too rigidly delineated by the Project. Study of the attendance records at the NRA conference held in December, 1966 led to the conclusion that those who had moved into other occupations had indeed disassociated themselves from identification with the field.

An examination was made of variation in career contingencies and attitudes of rehabilitation counselors by agency and time of entry into the field. Once more organizational variables appeared to be significant. The VA was the setting which emerged highest on indexes of mobility and professionalism. If membership in professional organizations is taken as evidence of professional orientation, mobility in rehabilitation counseling may be understood with reference to the cosmopolitan-local concept. No clear pattern of relationships with other variables emerged with respect to time of entry into the field.

Utilizing the concept of the second career, further analysis of the data was undertaken. The factors which operated to "push" individuals out of a first career are delineated along with those which served to "pull" them into rehabilitation counseling. This view is presented in Working Paper #6, Second Careers: Rehabilitation Counseling in a New Context.

Data from the second follow-up of the Student Panel were obtained in the summer of 1968. On this round, the job mobility of Panelists will be compared with that of a subgroup of the National Sample who have similar advanced degrees. Analysis of these data is still in progress. Additional information on job changing among all members of the National Sample, collected just prior to the Student Panel follow-up, is also currently being analyzed.

The findings of the Professions Project have been widely disseminated. Nearly 10,000 copies of working papers have been distributed to the field. Articles summarizing these working papers have appeared in journals read in the field of rehabilitation such as the Journal of Counseling Psychology, Rehabilitation Literature, and the Journal of Rehabilitation.

The work of the Project has also been of general interest in the field of sociology. New approaches to methodological problems in social class measurement have been presented at meetings of professional societties in the field. The first, "Social Class Measurement I: Some Problems and Proposals," was delivered in April, 1967 at the Ohio Valley Sociological Society meeting in South Bend, Indiana. "Social Class Measurement II -- The Case of the Duncan SEI," was read in August, 1968 at the American Sociological Society meeting in Boston, Massachusetts. Issues of a technical nature were considered in the article, "Human and Mechanical Error -- An Unknown Quantity in Research," which was published in the American Behavioral Scientist in November, 1967.

Theoretical issues have emerged which are of specific interest to the sociology of professions. These have also been delineated in a series of publications: "Professionalism and the Public," which was presented at the American Sociological Association meeting in August, 1967 and is forthcoming as an article in Sociological Inquiry; "The Impact of Organizational Characteristics on Occupational Change," which was read at the Ohio Valley Sociological Society Meeting in May, 1968; and "Second Career -- Variant of a Sociological Concept," which appeared in the Journal of Gerontology in October, 1967.

A Professions Project Research Dissemination Conference was held in Cleveland on September 26 and 27, 1968. Participants included representatives from federal, state, and private agencies concerned with rehabilitation. Discussion centered on the utilization of existing research, and identification of problems in the field that await new research efforts. A record of the proceedings of this conference is presently being prepared for publication.

REHABILITATION COUNSELING AS A SECOND CAREER

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INTRODUCTION

The Department of Sociology of Case Western Reserve University, in cooperation with the Rehabilitation Services Administration, is currently conducting a study of the career contingencies of the rehabilitation counselor. Two major groups are being studied. They are (1) a panel of students scheduled to complete their rehabilitation counseling training in the spring of 1965, whose careers are being followed over several years and (2) a national sample of practicing rehabilitation counselors and supervisors in three settings: the Veterans Administration, private agencies, and state-federal offices of the Rehabilitation Services Administration. Findings with respect to a relatively new occupational mobility pattern, the second career, are presented in this paper, which is concerned with the extent and meaning of the second career phenomeon in the rehabilitation field.

The career concept defines the patterned movement between jobs and statuses over the life of the individual. A career involves elements of occupational choice, training, education, recruitment, stages and levels of progression in various work positions, mobility, and retirement. A career, even when it contains a sequence of jobs, is limited to a single occupational field and is usually considered coterminous with what Form and Miller call a "stable work period."1 In this sense every employed worker can have an occupational career, whether it is as a welder, a toolmaker, a salesman, or a physician, provided his intentions are to continue in the particular occupation or profession in the foreseeable future or that he actually does remain in this field, regardless of his intentions. Although personal progress may well be part of the expectation built into any career, it need not become a reality. For this reason mobility or advancement within a field are not considered an essential ingredient of careers.

Second careers represent a recently emerged occupational mobility pattern which is an apparent consequence of various changes in industrial societies. A second career, while involving a change in jobs, is more than this. It is a shift in occupational field or line of work, a disjunction in what has been perceived as the individual's normal work history. Further, the shift in work is not to be construed as temporary, but as entrance into a new career sequence, with elements of choice, training, or mobility similar to those found with a first career. Various personal, structural , and work system factors "push" or "pull" the experienced job holder into a fresh career.

The Societal Context

The course of occupational careers is affected by the relative stability or flux of social structures within modernizing societies. Technological developments require structural realignments of various kinds with resultant effects upon typical work lines and histories. The impact of technological progress makes some occupations obsolete while creating others. In some work areas the more rapid social change, the less possibility that a career pattern will persist over a person's work life. There is no longer a typical career for streetcar conductors, and the bank record clerk is vanishing, while a career is undoubtedly taking shape for computer repairmen.

Another relevant issue is the proliferation of specialties which broadens the range of career choices and affects the specific pathways and stages of career development as well. A trend with particular impact on second career potentials is the changing balance of occupational types; with increasing societal complexity the proportion of white-collar employment rises while blue-collar jobs decline. Furthermore, within the white-collar category, professional, administrative, and technical occupations in particular are on the rise. In rehabilitation counseling, for example, 800 to 1,200 additional counselors will be needed annually to fulfill the obligations set by new legislation with its broader standards of eligibility.2 These vacancies cannot be filled by new entrants into the labor market; a reshuffling of existing careers is indicated, with available openings attracting personnel from a variety of occupationals fields.

Change in the age composition of the population is yet another structural condition with implications for careers. Increased life expectancy in the United States has lengthened the average work life of both men and women by about ten years since the turn of the century.3 The large increase in the rate of women entering the work force since 1950 and the earlier fixed age of retirement also have implications for second careers.

These various developments, taken together, forecast some major changes in typical occupational histories. As the average work life extends over a longer time, while old jobs become obsolete and new lines of work are created, second careers, and in some instances third careers, become a virtual necessity for many individuals if they are to remain gainfully employed. At the same time, the structural conditions described above open up pathways to second careers on a voluntary basis. This can be seen in a preliminary estimate of the "push" or "pull" factors affecting the actions of the potential second careerist.

Push and Pull Factors

Inability to continue in a field is a major push to a career change. This circumstance may arise from personal, physical or mental disability, or from limitations intrinsic to the field such as mandatory early retirement, or the disappearance or unavailability of a prior type of job. After a time, some first careers are virtually complete, or come to a dead end. Women in their forties who have finished the task of child rearing, as well as military men with twenty years of service who have come to the last step in their career line, are similar with respect to this push factor.4

Push factors need not be external or societal: internal or attitudinal motivations may be dominant. Many persons desire innovation and change, others long to attain a humanitarian goal, or they may become committed to a social movement or to social reform which leads them to seek a service career.

Finally, push to a second career can be generated by dissatisfaction with the pay, security, work conditions, organizational objectives or status of a first. Those are the classic upward job mobility motivators which equally stimulate career changers.

Pull towards a second career because of perceived higher status, pay, security, job satisfaction, or potential for advancement in some different occupation is the corollary of the push factor of dissatisfaction. Equally if not more powerful pulls are the innovative challenges of a new occupation, or the opportunities to serve others in some capacity. Some individuals, because of a host of psychological factors and personality characteristics and early socialization experiences are movers and challengers. Such persons opt not only for new jobs in their fields, but are risk takers in new lines of work, natural recruits for second careers.

The effect of these pushes and pulls will, for the majority of career changers, be mediated by the level of economic and psychic risk involved, while entrance requirements and the availability of employment in a second career are universal intervening factors. These mediating circumstances can work at cross purposes. Relative financial freedom allowing for job experimentation might come in later middle age after the children are reared, but few career changers in this age group currently have educational prerequisites for professional, administrative, and technical fields and usually require retraining or further education. Rehabilitation counseling, with its entry requirements of at least a bachelor's degree plus specialized training, might seem an unlikely field for second career interests. Yet, as will be seen, many of those in rehabilitation come to it after a career in another occupation.

Data and Analysis

This study of the second career phenomenon in rehabilitation counseling is based primarily on the findings of the Professions Project from its National Sample of practitioners and supervisors in the field. The National Sample was taken from rosters compiled in 1964 of persons employed in government and private settings performing rehabilitation counseling or supervisory work. Out of this population of 4559 persons, 1000 were selected as a random sample of whom 89 percent responded to a mailed questionnaire.

A critical step in analysis of the data was the differentiation of persons for whom rehabilitation work constituted a second career from those in the field as a first career. Therefore, considerable care was taken to allocate respondents to their appropriate career category. Form and Miller's conception of three years on a job after formal schooling as a criterion of job stability, modified by the statements of respondents, resulted in a career being designated as five years in an occupation. First and second career groups were then compared to determine their differences in demographic backgrounds, histories, and attitudes.

On the basis of a parallel study undertaken by the Professions Project dealing with students in rehabilitation counseling, a disproportionate number of women were expected to appear in the second career category. This prediction was supported. Although male predominance in the field is not affected, nearly a quarter of the second career group were female as compared to 11 percent of the first careerists. The majority of second careerists are 50 and over, while nearly half of those who entered rehabilitation as a first career are under 35. In fact three quarters of the second careerists were 35 and over when they originally took a rehabilitation job. Most are presently married, and currently have only one or no dependents, although among those under 40 they are likely to have more dependents than first careerists. Second careerists tended to be trained in education or the humanities rather than psychology or social work and to have better academic records than their first career counterparts. Their previous work, chiefly in minor professional or administrative positions and often in the educational system, was a step up from their father's work level. They have been in the field of rehabilitation longer than the first careerists and frequently have reached a supervisory position.

Obviously, characteristics differentiating the second careerists as a category from the first do not adhere simultaneously to all individuals in the group, but nevertheless are sufficiently pervasive to suggest that if a typical second careerist in this occupation could be found, he would fit the social type described.

Push, Risk and Pull Factors and the Second Careerist

Various push, risk and pull factors were examined for their effects on the life histories of rehabilitation counselors. It is apparent that explanations for lea ving a first career are many and varied. One out of five second careerists is disabled but there is no evidence that this precipitated the career change. Some speak of depression, war, or other external disruptions as reasons for leaving an earlier career, and the majority mention humanitarian motives for entering rehabilitation. Over a quarter, furthermore, reveal that a close family member is disabled.

The attractions which motivate a career change, on the other hand, might be dubbed the three P's -- professionalism, pay and promotion. Whether because of the status emoluments or the ego-gratifications of service, the imputed level of professionalism of the occupation appears a powerful lure for a would-be job changer. The reality of an immediate increase in earnings applies to persons in both career statuses, while upward mobility is the particular reward of the second careerists, especially if they enter their new work before they are 35.

On all measures of the risk of a career change, the majority of second careerists are in the low risk category. By low risk we mean a minimum chance to fail in the new undertaking and maximum possibilities to be successful in confronting the tasks and responsibilities of the new position; thus the prior work of many second careerists provided skills useful in rehabilitation and often involved a relationship with a rehabilitation agency and a friendly socialization agent in the new work setting. In fact over a third were invited to switch to a job in the field.

The entire situational context, however, must be considered as an interaction process with such components as level of family responsibility, location of work system, the availability of fall-back family resources, easy accessibility and likelihood of success in the second career, motivational and personality factors, and the kind of push out of the first career among the elements affecting the balance sheet of probable loss and possible gain in a ca-career change. Also, even when the assessment of risk credit or debit has been made, there is no assurance as to which will facilitate a second career decision. Low risk will be considered by one as a situationally freeing condition, encouraging a new occupational role, but perhaps, for another, high risk will be the stimulator or at worst irrelevant to the challenge of the new. The critical issue may be age, with family responsibility a more common pressure among the younger and family backing a more common push among the older second careerists.

Various comparisons across modal age-career categories introduce an additional element into the analysis. The positive implications of more mature years, such as greater breadth and depth of experience, more informed judgment, more self-confidence, and greater stability could give second careerists an edge in certain types of jobs. Although age as an asset does not necessarily accrue to all second careerists, it must be conceptualized as potentially so. This point of view places age unexpectedly in the pull as well as the push category.

Low risk is the unique advantage of the second careerists. His connections from his previous career, along with the transferable skills he brings with him, offer a relatively easy entry to a new occupational domain. The dominant finding is that, while push and pull factors may be hazily defined, there is no question that most people entering a second career have minimized the risk of change.

Second Career and Rehabilitation Counseling Manpower

A Recapitulation

Second careerists, it has been suggested, tend to enter rapidly expanding occupations, where vacancies are so numerous that they cannot be filled by new entrants to the labor market. The leadership in such mushrooming fields, in its search for needed personnel, turns to people whose capability has already been proven in related types of work, or those who have skills which can be modified to fit the rehabilitation mold. Co-optation is a common practice in such situations. This was undoubtedly the pattern in the early periods of rehabilitation counseling, when a staff had to be swiftly gathered together to meet the legislative mandate for newly created services. History is likely to repeat itself in the late sixties: innovative government programs have extended the scope of services as well as the eligible clientele of the rehabilitation enterprise, and the needs for staff are mounting. Once again manpower must be sought, and openings for second career types will occur.

With respect to new sources, the data suggest that individuals who have experienced disability, either personally or through their families, might be open to a career shift. Those who have worked through a possible distaste for the reality of visible disablement should be less likely to reject the notion of employment requiring frequent contact with damaged human beings. Furthermore, such persons might be highly motivated to perform helping roles, because of their recognition of the critical importance of such assistance during a life turning point.

A second source is among those whose prior career line has already been broken by an external event. Where previously they might have been hesitant to make a shift because of the security of the familiar, a changed situation can offer a new freedom of choice. Thus the closing-down of an industry or termination of a government program can release personnel who might be both in need of a job and ready to embark on a different career line. Essentially women in their middle years are an available source because they have been situationally freed by the departure of their children, just as the elderly are released from a former line of work by retirement. In fact, early retirement of members of target groups should be encouraged; prospects could be approached in their early fifties. Both these groups, it should be added, are apt to enjoy a maturity of outlook useful in the rehabilitation process.

Recognition of the opportunity involved in dislocation underlies present attempts to persuade men returning from military service to enter various public service occupations and professions, regardless of their former career lines. Similarly, armed services retirees from the middle ranks should be viewed as potential rehabilitation workers.

To the extent that rehabilitation counseling achieves the goal of professionalism, this line of work can exert a pull, attracting possible career changers. The aura of professionalism includes the giving of humanitarian service to others, a strong pull in its own right, but also the enjoyment of higher pay standards, status, and power over the functions of the rehabilitation system. While the rehabilitation field might be reluctant to attract personnel solely on this venal basis, the fact is that some prior second career motivation can be attributed to expected financial and psychic rewards. However, such appeal in the past has undoubtedly been to persons in professional positions whose emoluments failed to match their responsibilities, as witness the disproportionate number of teachers, coaches, school guidance counselors, and administrators who have transferred their allegiance from education to rehabilitation. As pay and working conditions for those in the teaching profession improve through community and organization action, the appeal of rehabilitation counseling will become relatively less powerful, and these groups may no longer be as rich a source of second careerists.

Low risk as a consequence of prior knowledge of the field, as well as transferable interpersonal or organizational skills, is undoubtedly a critical factor for many individuals in the decision to change a career line. This argues for seeking rehabilitation counselor candidates in related or ancillary fields, for example, social workers, welfare caseworkers and the like, as well as teachers and school counselors. Many in such prior occupations are women, as of course are the housewives whose experience as community volunteers gives a background for rehabilitation work. Any lingering tendency in the field to resist the employment of women could therefore shut out a prime recruiting source.

Furthermore, other groups which have been previously foreclosed from counselor employment because of color discrimination or educational levels considered low by current standards could be a hitherto untapped source of second careerists, particularly if new methods of specialized training can be devised. A college degree is not a magic key to the knowledge or mature judgment needed by the capable empathic counselor. Pullman porters, bartenders, salesmen, union stewards, hospital orderlies and others who have dealt with people in their former work may have acquired a practical knowledge of human dynamics and may possess a high level of intelligence. With such a combination, college equivalency testing for those without the diploma plus an intensive specialized training program could well produce a second careerist easily able to match or exceed the youthful B.A. in doing a professional job.

One other implication of these findings for manpower problems in rehabilitation concerns the retention rate for second careerists. The findings as they stand suggest that second careerists are most likely to stay in the field, once they have entered it, since those with long service are predominantly in the second career category. Longitudinal research now in progress, involving a sample of rehabilitation counselor students, will give some guides to different turnover probabilities among first and second career groups.

The capsule conclusion from this entire excursion into counselor job histories is that rehabilitation leadership will make a serious error if it focuses its recruitment efforts on the college senior. Without neglecting this source of manpower, the field must recognize that it is only one of many and perhaps not even the best, or the largest, potential staff pool. Possible second careerists should be considered as at least an equally important source.

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COMMENTS

Professions Project and The Second Careerist

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I'm impressed with the kind and the depth of the contribution that what we call "a related profession" can make to the concepts and the assumptions of rehabilitation. We should meet with sociologists more often. We also need the assistance of antropologists, educators, semanticists and the many others who have arrived at insights concerning disability, refunctioning and what is required by way of preparation of the specialists who would expedite refunctioning.

Dr. Sussman and his colleagues at Case-Western Reserve bring the special skill and approach of the sociologist to the study of career mobility among rehabilitation counselors. An important contribution will be made by the present study if it will help to find ways to keep counselors in rehabilitation specialty for which they have been recruited and trained.

The agencies of rehabilitation are manned predominantly by second-career persons. This will continue to be the situation in the foreseeable future. These agencies have been quite successful in attracting recruits from other careers, but even those who have received special graduate training leave the field in significant numbers. The present study is concerned with "second careerists" who have taken this graduate training. About 15% of these "second careerists" report dissatisfaction with their new choice. About 19% of those who have taken the training as preparation for a first career, report dissatisfaction.

These are significant percentages to a field that can ill-afford to lose any workers. It would be interesting to compare these dissatisfaction rates with the rates for rehabilitation counselors who were recruited directly from other occupations, or as new college graduates, and trained on the job.

What are the causes of dissatisfaction among the counselors who go through the relatively demanding routine of getting a graduate degree in this specialty and then feel they have made an unsatisfactory choice? Why did they choose the specialty in the first place? What made the work appear to be attractive enough to cause many to change careers to enter it? Is there some incongruity between the orientation and training they receive and the realities they meet when they begin functioning in the agencies that employ them? What can be done to reduce the rate of dissatisfaction and the number leaving the career?

There might be many causes for dissatisfaction among the counselors recruited to enter rehabilitation work. The roles and functions of a rehabilitation counselor are not well defined. The work of Muthard and Salomone should help to reduce this ambiguity. But this is not easy to do. As a "profession", rehabilitation counseling is still quite unstructured. From agency to agency it is typically administratively defined.

This can come as quite a surprise to an individual who enters the field with certain university-nurtured understandings and expectations of what he will be requested to do. There is evidence in the literature produced by counselor educators and others interested in the "professionalization" of rehabilitation counselors, that they are preoccupied with models of professionality that are not much now and are becoming increasingly less relevant to rehabilitation. The refunctioning of disabled persons will be efficient only if a multi-disciplinary approach is used. If attempts are made through single professions to meet the practitioners and the clients are likely to be disappointed. The effective rehabilitationist may not practice medicine, psychology, social work or education - alone.

The practitioner who undertakes to effect the refunctioning of a disabled person must apply skills that are characteristic of what Al Puth calls "a therapeutic human ecologist". The special technical skills of medicine, of psychology, of social work, etc., will be needed at times and should be available on demand. But it is naive to believe that a disabled man's needs will be wholly met through the narrow skills of one of the established and recognized professions. This is an annoying truth for the chauvinistic members of those professions. Persistently, they attempt to achieve a measure of comfort and security in the rehabilitation setting by defining "rehabilitation" to fit their technical limitations, and they label their special services as "rehabilitation".

Perhaps the lack of structure and concensus in the role and function of a rehabilitation counselor results in more ambiguity than many individuals can cope with, as they enter the field with rather well defined expectations that are not realized. This ambiguity makes possible the manipulation and definition of the rehabilitation counselor's job to meet the specifications of administrators and legislators. Whether the career is a "second" career or an initial career, the new counselor might, not unexpectedly, experience some dissatisfaction with the way he is required by his agency to operate.

The rehabilitation counselor training program presents a subsidized opportunity to earn a graduate degree. It probably attracts many persons who have only a limited commitment and dedication to the work. Once having received the degree they are free to accept other career opportunities that might attract them. Thus, they move to work that is not labelled "rehabilitation", although their acquired skills might be applicable.

A study of the work to which these rehabilitation-trained individuals transfer would probably reveal that the transformation is not a profound one. Realistically defined, the new work might well be "rehabilitation", although it has not been so designated. Perhaps "dissatisfaction" with a career in rehabilitation counseling represents only dissatisfaction with functioning in an unique situation or in one facet of the complex of operations included under the "rehabilitation".

Some trained persons might leave their jobs as rehabilitation counselors because of feelings of frustration brought about by the impossibility of performing all the varied and complex tasks that are assigned to them. High levels of ingenuity, flexibility and tolerance for less-than-perfect performance are needed by a rehabilitation counselor in most settings. Being required to perform tasks for which they have not received training or that lie outside their range of interest and aptitude can be discouraging to the rehabilitation counselor.

It is probable that in the future, rehabilitation counselor recruiters and trainers will have to prepare their trainees for even more exacting and frustrating work environments. Rehabilitation is on its way to becoming a right for handicapped people. When this comes about, new and different demands will be made by the clientele on the people employed to serve them. It is possible that many who are now functioning as rehabilitation counselors will find difficulty in accommodating the kinds of client demands that can be reinforced by power in the hands of these lay consumers.

It is anticipated that more and more aggresive recruiting will have to be practiced by the agencies of rehabilitation in the years immediately ahead. Each agency in the State-Federal rehabilitation program has made plans for offering, by 1975, rehabilitation services to all handicapped individuals who need them. This will mean a drastic increase in trained manpower. This new manpower will not be found without pirating other professional groups. "Second careers" in rehabilitation will become even more common than they are now. Only through the most perceptive and sensitive training, supplemented by the same type of administration, will the dissatisfaction and defection rate be held to tolerable levels. It would be reasonable to expect that recruiters will "over sell" prospects for satisfying employment in rehabilitation. It will take a very sophisticated type of teamwork between trainers and administrators to insure delivery on promises of professional satisfaction in rehabilitation work.

The role of the counselor trainers will be a most crucial one in lowering the rate of attrition from the rehabilitation ranks. It will be incumbent upon them to design training formats and contents that will prepare counselors for a rapidly developing professional role. Citing the old established professional models will not suffice. Too, many of our most honored professions are tending toward a self-servicing preoccupation with status and power. Such preoccupation is not relevant to the needs of clients. The viable emphasis will be service to the clientele. Power can appear to be impressive for a time, but ultimately, unless power is used to serve people better, it will be destroyed in favor of arrangements for what people really need.

GROUP DISCUSSION

The Professions Project and The Second Careerist

Counselor Preparation

Professions Project

Are we recruiting and training to meet the needs of the client today and in the future - or are we still looking at the stereotyped physically disabled client - I think we have to breed a new type of counselor if we are going to meet rehabilitation's and society's new demands.

If there are the disparate roles visualized in the rehabilitation counselor, how do you integrate those in training? Are not some of the suggestions for sources of supply conducive not only to dilution of training and knowledge and standards, but to securing individuals who could not be called professionals? If you follow this train of thought, try college graduates with humanistic backgrounds and approach in preference.

To fill the need, programs of in-service training for counselors should be developed by universities.

Data may yield implications for training when the data are fully-minded. Now, these are not any solid implications for training that can be safely employed. Nobody has said anything about what a good Rehabilitation Counselor is able to accomplish with a client. Yet, there is research regarding sources of manpower, second careers, professionalism, etc. My feeling is that the first goal is to identify "behavioral goals and accompanying procedures" and then start doing research. What are the characteristics of counselors who can change behavior and return people to the employment market. They should be the "models" for recruitment, training and research. Process before outcome doesn't seem to me to be good strategy for a young profession.

Second Careers

By recruiting the individual who is trying to meet his own psycho-social needs, we may give the agency the type of individual that will best serve the needs of the client and the agency.

To argue for second careerists in rehabilitation is not to argue against some sort of training for them, although Dr. Haug implied it. They may require different training, maybe none, but not necessarily none.

The logical consequence of the second career argument is a lessening of a drive to increase training programs and an increase in selective recruitment efforts. However, experience is a costly, time-consuming, inefficient teacher. We educate formally to attain the same result as experience --but more economically-efficiently and in sufficient numbers to meet the demand for services (something we can't control if we go the experience route).

Could the second career concept be applied to lawyers, physicians, social workers, teachers, musicians, artists, etc. as with rehabilitation counselors? Suggestions made re: modifying training would bear on this.

This study supports the need for university-agency cooperation in establishing training opportunities for "Second Careerists" while they are on the job (out-service, released-time, educational leave, etc.).

In view of the changing (reverting and progressing) conceptualizations of the role and function of the rehabilitation counselor -- how do training programs prepare counselors for a lifetime of professional practice? The Second Career concept has meaning for recruitment in this context.

I believe the study reported has real implications for training in that the results suggest a differential program of study for the second-career candidate (e.g., a work-study approach rather than a typical graduate program).

Further Research

Rehabilitation Counseling As a Profession

We should investigate the concept of "linking" roles, e.g., client-counselor-community, agency-"innovator"-society, and counselor-supervisor-agency as well as the role integration differentiation integration cycle.

Analyze rehabilitation from viewpoint of the client as a basis for practice.

"Therapeutic human ecologist" is an intriguing and mellifous term, but so very broad that it is essentially meaningless.

Apply the same methodology to other rehabilitation professions e.g., Physical and Occupational Therapy as well as all supervisory personnel.

It seems to me that we could learn much from research about counselors which is both historical (developmental) (as at Case-WR), and comparative across different professions, e.g., social workers, nurses, teachers, lawyers, MD's. As Sussman points out, most professions go through cycles and shifts in their evolution.

I feel that the research reported on has positive implications for recruiting personnel, particularly from among those not "academically" acceptable now. This possibility should be investigated.

The inputs from other professions as well as social and political pressures should be absorbed in some orderly manner. This is now not happening. Should not some research effort be expended in this direction?

Second Careers

Are second career counselors qualitatively different from other counselors and are they more or less effective in working with clients? No useful implications for practice are suggested by the second career ideas expressed. The concept of second careers appears now to be speculation. Statements are made that second career people may do well. But, no definition of what they are doing is given us. No data on the effectiveness of second careerists are presented. More research is needed.

It would be interesting to investigate professional practice in relation to second career counselors vs. those direct from college. Do you have any reason to believe that second career candidates are more adequately placed than they were in their first job? How many more technical, white collar, social service jobs are available for second careerists?

There is a need to analyze and forecast trends in connection with the changing role of the rehabilitation counselor.

How do second careerists in RC compare with second careerists in other professions? What characteristics determine movement toward RC second careers?

Try to determine what was the basis of the choice of the counseling profession with respect to career points.

Interstitial Roles: second careerists as rehabilitation counselors - why are they drawn to the field and what does this mean?

There is an obvious need for longitudinal studies with first and second careerists. What are their reasons for leaving field? What is the effect of federal financing upon career entry? A role analysis is still needed.

A STUDY OF THE EFFECTIVENESS
OF REHABILITATION COUNSELORS
AS RELATED TO THEIR LEVEL AND TYPE OF EDUCATION

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INTRODUCTION

This was a pilot study designed to focus upon the question of the appropriateness of graduate education in counseling for rehabilitation counselors. For obvious reasons, there was no expectation of an answer to the question from this brief study. However, it was intended that the question be more sharply drawn in order that it might be more accurately attacked. Toward this end, a small sample of rehabilitation counselors was selected with the hope that comparisons could be made on the basis of the counselor's background of training.

In the face of the problems of sample size, time limitations, and limited budget, the best that could be hoped for was that directions for future research in this area could be discovered.

Specifically, the purpose of the study was to provide preliminary investigative information regarding the following questions.

1. Are trained counselors more facilitative than untrained counselors in their communications with clients?

2. Do clients of trained counselors perceive client-counselor interaction and activities associated with the rehabilitation process differently than clients of untrained counselors?

3. Is there any difference in employment satisfaction and achievement between former clients of trained counselors and former clients of untrained counselors?

Population

Two major California cities were chosen, and from them a sample of rehabilitation counselors and clients of the state rehabilitation agency was drawn. The selection of the cities yielded a cross section of the state rehabilitation counselor-client population. The time limitations were such that a broader geographic area could not be included.

The sample of rehabilitation counselors included two groups designated herein as trained counselors and untrained counselors. A total of 20 rehabilitation counselors employed by the California Department of Rehabilitation (CDR) were selected. Ten of the counselors had received a master's degree in rehabilitation counseling and are referred to as the "trained " group. The remaining ten counselors, referred to as the "untrained" group, had educational backgrounds which did not include course work in rehabilitation counseling. All counselors selected for the sample carried general caseloads rather than special disability caseloads.

The counselors' sample was so selected that half of the subjects were obtained from one city (herein designated as City X) and half from the other city (herein designated City Y). Five trained and five untrained counselors were obtained from each of the cities. The trained counselors from each city had received their master's degree in rehabilitation counseling from a federally supported rehabilitation counseling program within the corresponding city. The CDR provided the necessary personnel information required to obtain this stratified random selection of appropriate counselors.

Data Collection and Analysis

Each counselor made audio tape recordings of two interviews with a current, active client. The recordings were to be of any interview after the first but before the sixth interview. The counselors were instructed to select clients with whom they felt they had developed a "good relationship" and with whom they were doing a "good" rehabilitation job.

Following selection of the client by the counselor, a second audio-taped interview was held with each client by either the project director or the co-director, using an open-ended and ambiguous question approach. Each interview was approximately one hour in length and was held to determine: a) the client's perception of the client-counselor relationship, i.e., whether the client perceived his counselor and the agency as working with him in order to help him establish his own goals and his own plan of action, or if the client perceived his counselor and the agency as doing things for him and developing a plan of action which he was expected to follow (With-For dimension): b) the client's perception of whether his concerns or problems were in the cognitive or affective domain (Cognitive-Affective dimension) and, c) the client's satisfaction with how the counselor dealt with the perceived concerns or problems (Satisfaction-Dissatisfaction dimension). These tapes were analyzed by both investigators using a dichotomous scaling method. There was perfect agreement between investigators in the scaled scores for all clients.

Each audio tape recording of client-counselor interaction was analyzed by the project director and co-director, using scales for measurement adapted from Carkhuff and Berenson (1967). The scales were: a) empathic understanding in interpersonal processes; b) the communication of respect in interpersonal processes; c) facilitative genuineness in interpersonal processes; and d) personally relevant concreteness or specificity of expression in interpersonal processes. An 11-point scaling system beginning at .5 and extending through 5.5, with the higher numbers indicating higher levels of functioning, was used.

As the client-counselor tapes arrived at project headquarters, they were given a code number by a secretary and given to a research assistant for analysis preparation. Next, the total length of each tape was recorded in minutes. This time was then divided by six minutes, the time segment utilized for analysis. A table of random numbers gave the six-minute segment to be used for scaling purposes. The first and last six minutes of each tape were excluded in order to omit general opening and closing statements of the counselor and client. Each tape segment was checked by a research assistant to determine that it included at least three client-counselor exchanges. If not, a new segment was chosen. The research assistant edited each tape segment, removing identifying information. The six-minute segments were then dubbed onto a single tape with only code numbers to identify them. The project director and co-director then each scored the tapes on the scales indicated above. A counselor's level of functioning became the combined mean score of the four scales, as scored by both researchers.

An attempt was made to estimate follow-up variables by selecting clients who had been closed at status 26 by each of the subject counselors since January 1, 1966. The criterion for selecting the clients required that the counselor who closed the case must have been involved in the rehabilitation plan development. Upon selection of this sample of "closed" clients, the following information was collected from the agency files: a) The client's occupational objectives; b) The client's average weekly income at closure; and c) The job held by the client at the time of closure. In addition, questionnaires were mailed to clients selected for the follow-up portion of the study in order to elicit the following information: a) the history of jobs held by the client since closure, including salary, increments, and promotion; b) job satisfaction from the Minnesota Employment Satisfaction Questionnaire (MESQ) as developed by Carlson, David, England, and Lofquist (1962); and c) a narrative report of comments, suggestions, or criticism on the provision of services by the CDR.

In summary, the study methodology utilized several criteria to indicate rehabilitation counselor effectiveness. These included: a) as an immediate criterion, which was the counselor's ability to establish a facilitative relationship with the client; b) an intermediate criterion, the client's perception of his relationship with his counselor; and c) a set of ultimate criteria, the client's job satisfaction at closure, salary increments and promotions on jobs held since closure, recalled satisfaction of the rehabilitation process by the client, similarity of current employment to the occupational objective established at closure, and the frequency of jobs held since closure.

RESULTS

Because of the limitations of the study, inferences are not made to a larger population. Six group comparisons were used and are described herein. The groups compared include: 1) total trained counselors; 2) total untrained counselors; 3) trained counselors, City X; 4) untrained counselors, City X; 5) trained counselors, City Y; and 6) untrained counselors, City Y.

Results of the study are divided into three parts for ease of discussion. Part A deals with the immediate criterion used in the study, Part B the intermediate criterion, and Part C the ultimate criterion. It should be kept in mind that these criteria were used in order to help establish whether or not graduate training in counselor education makes a difference in the rehabilitation counseling process.

A. Analysis of Client-Counselor Interaction

As stated before, combined mean ratings for each counselor on all four of the client-counselor interaction scales were utilized. The criterion was described as the level of facilitative interaction established by the counselor in working with his client as derived from measures of an audio-taped interview. The project director and co-director scaled each of the magnetic tapes individually. These ratings were then correlated, yielding an inter-rater correlation coefficient of .88.

Ranking the counselor groups from most facilitative to least facilitative by their mean scores on the client-counselor interaction scales, the following is indicated:

Trained counselors, City X	2.12
Untrained counselors, City X	2.10
Total untrained counselors	2.05
Untrained counselors, City Y	1.97
Total trained counselors	1.96
Trained counselors, City Y	1.80

It should be noted that the two highest functioning groups were from City X which might suggest a work setting influence. It may be of interest to note that none of the differences by comparison of counselor groups are significant at the point .05 level by t test.

B. Analysis of Researcher-Client Interviews

As previously indicated, each of the 20 current clients utilized in the study were interviewed by one of the investigators using a dichotomous method of scaling for the following three dimensions: 1) With-For, 2) Cognitive-Affective and 3) Satisfaction-Dissatisfaction.

The results of Part B are shown in Table 1, giving the percentage of each group responding to the factors under comparison. It is of interest to note that 65 percent of the total sample of clients interviewed perceived their counselors as doing things "for" them and developing a plan of action which they were expected to follow. Seventy-five percent of the clients perceived their concerns-problems as cognitive in nature, and 70 percent of the total group were satisfied with the counselor and with the overall rehabilitation process in which they were involved. Using these results as a baseline, the following comparisons can be made.

TABLE 1

CLIENT REACTIONS TO COUNSELOR AND IDENTITY OF PROBLEM BY COUNSELOR GROUPS

Counselor Groups	With	For	Cognitive	Affective	Satisfied	Unsatisfied
Total trained	40*	60	80	20	80	20
Total untrained	30	70	70	30	60	40
City X trained	20	80	80	20	80	20
City X untrained	20	80	80	20	60	40
City Y trained	60	40	80	20	80	20
City Y untrained	40	60	60	40	60	40

* Figures presented are percentages of clients.

Trained counselors in City Y were perceived somewhat differently by their clients on the "with-for" variable. Sixty per cent of the clients perceived their counselors as working with them in order to help the clients themselves establish goals and a plan of action. On the other hand, both the untrained and trained counselors from City X were perceived in the opposite way with the clients reporting that 80 percent of the counselors did things for the client and developed a plan of action which the client was expected to follow.

Another interesting comparison can be made on the variable concerned with whether the clients were satisfied or dissatisfied with their counselors and the rehabilitation agency in general. As indicated in Table 1, 80 percent of the trained counselor-clients were satisfied; whereas, 60 percent of the untrained counselor-clients were satisfied and that these percentages were the same for both cities. While the differences indicated are of considerable interest, it should be noted that if the data were subjected to Chi Square, none of the differences would be significant at the .05 level.

C. Analysis of Follow-up Data

As previously indicated, the data for Part C was obtained via a questionnaire and review of closed case folders. Two hundred forty-one questionnaires were mailed to clients whose cases had been closed as rehabilitated since January 1, 1966. Twenty-two were returned with no forwarding address, while 78 were returned complete. This constitutes a 30 percent return from all clients whose cases were closed as rehabilitated by the sample of rehabilitation counselors since January 1, 1966.

Of the questionnaires that were returned complete, approximately one-third did not contain a narrative statement regarding the client's comments, suggestions, or criticisms of the rehabilitation program, which had been provided them by the CDR. Of the total who did respond, 65 percent were positive in their comments. Visual inspection of Table 2 indicates there was a range from a high of 69 percent favorable responses from former clients of City Y trained counselors to a low of 38 percent for City X untrained counselors.

TABLE 2

FOLLOW-UP DATA OF CLIENTS BY COUNSELOR GROUPS

Counselor Groups	1	2	3	4	5	6
Total trained	68	374	70	1.83	34	11
Total untrained	58	369	50	1.77	15	5
City X trained	67	354	73	1.54	64	30
City X untrained	38	385	43	1.93	15	2
City Y trained	69	381	67	1.85	28	15
City Y untrained	62	351	59	1.58	13	6

1. Percentage of clients providing positive narrative follow-up responses.
2. Minnesota Employment Satisfaction Questionnaire mean raw scores.
3. Percentage of clients emplyed in occupational objective.
4. Mean number of jobs per client.
5. Percentage of clients who were promoted.
6. Mean weekly income increase by clients.

Scores on the MESQ had a possible range from 150 to 500, with the higher scores indicating greater employment satisfaction. The variability of the scores obtained among the groups to be compared was of such magnitude that differences would not be significant at the .05 level by t test. It is of interest to note that mean scores ranged from a high of 385 for the clients of untrained counselors in City X and 381 by clients of trained counselors from City Y, to a low of 354 by clients of the City X trained counselors and 351 by clients of the untrained counselors from City Y.

The next variable considered is that of the number of jobs held by the clients closed as rehabilitated since January 1, 1966. It is reported as the mean number of jobs held per person in each one of the groups compared. For all clients who returned questionnaires, the mean number of jobs was 1.75. The highest turnover in jobs was among clients of the City X untrained counselors with a mean of 1.93, while the lowest was among the clients of trained counselors in City X with a mean of 1.54.

Three pieces of information were obtained for the next comparisons: the occupational objective, the occupation at closure, and the present employment status of the clients in the sample. From this information it was possible to identify if the client had followed the rehabilitation plan by securing employment in the occupational objective, if he sustained himself in such employment, and if he received any promotions subsequent to the provision of rehabilitation services.

Among all of the clients, 62 percent were employed at a job which was the same as their occupational objective and 67 percent held the same job at follow-up as they held at closure. Using these figures, baseline comparisons can be made with the data presented in columns 4 and 5 of Table 2. As indicated, the former clients of trained counselors were consistently more often employed in their occupational objectives than those of untrained counselors. Also, the former clients of trained counselors were consistently more successful in obtaining promotions than were former clients of untrained counselors. Although not statistically significant, it is interesting to note that these differences prevailed for all comparisons, i.e., between total trained and total untrained and for the counterparts in both cities.

The next variable utilized as criteria for the comparison of groups under Part C was client earnings. Data taken from the case records in each of the district offices in which the sample of counselors were employed gave the mean weekly wages at closure for the clients in the sample. When the wages at closure are compared with wages reported by the same clients on the questionnaire, some interesting differences exist. The mean weekly wages of clients of all trained counselors increased $11 per week, as compared with

$5 per week among clients of the untrained counselors. This substantial, but not statistically significant, increase in weekly wages among clients of the trained counselors was primarily due to the tremendous increase of $30 per week among the clients of the trained counselors in City X. Once again, the comparisons between trained and untrained counselors is in favor of the trained counselors.

Discussion

The pilot study presented herein was concerned primarily with whether or not graduate education in rehabilitation counseling has any effect upon certain variables related to the rehabilitation process. A major problem encountered in a study of this kind is in the selection and utilization of appropriate criteria. Toward this end, several different variables were selected as criteria in view of previous research findings which have suggested that no single criterion can be utilized successfully.

To briefly review, the following criteria were utilized in this pilot study: (1) a measure of the counselor's ability to form a facilitative interpersonal relationship with his client; (2) a measure of the client's perception of the counseling process as obtained through interviews with clientele currently being served by the state rehabilitation agency; and (3) data describing salary increments, promotions, employment satisfaction, and consistency of job placement after closure as rehabilitated as obtained by questionnaire from clients previously closed as rehabilitated by the sample of counselors utilized in the study.

Although none of the results are statistically significant and due to sampling limitations cannot be generalized to a large population, the following trends were gleaned:

1. Among these counselors, the "trained" group were not more facilitative with their clients than untrained counselors. However, the difference between trained counselors by geographic work setting suggests a work setting influence.
2. Clients of these particular trained counsellors, as a group, were more satisfied with their counselors and their rehabilitation programming than clients of the untrained counselors in this study. However, there was no noticeable, consistent differences in the client's recognition of problem areas and identification of counselor role.
3. Former clients of trained vs. untrained counselors in this study were more often found to be working in the rehabilitation plan occupational objective, obtained more promotions and received greater increases in weekly salary.

Due to the limitations of this study, it is suggested that a larger study be conducted to determine if the results trends of this study generalize to a large population. If the differences between "trained" and "untrained" counselors should reach significance in future research, consideration should be given to an identification of casual factors generating these differences as well as the obvious implications for personnel recruitment, selection, and training.

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COMMENTS

The Effectiveness of Rehabilitation Counselors

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My initial concern, upon reading this pilot study, was for a common error made by many researchers who use limited data to generalize to large populations. However, my fears were quickly allayed by Johnson and Koch who immediately and correctly noted that the data they collected were neither sufficient to perform statistical tests nor of a large enough quantity to warrant generalizing to rehabilitation counselors in cities other than those used in the sample.

This investigation is an excellent example of the species called "pilot study." As such, it amply demonstrates that a larger, more detailed and better planned investigation of the utility of rehabilitation counselor training should be carried out. That this issue, of the effectiveness of counselor training relative to the goals of rehabilitation, should remain unresolved, is almost unbelievable. Millions of dollars and man-hours have already been expended training ever increasing numbers of rehabilitation counselors, yet no one can really speak of evaluating the benefits of this program. Johnson and Koch should be applauded for raising precisely the most important questions: 1) do "trained" counselors perform more effectively?, 2) do clients receive some additional benefit from having contact with a "trained" counselor? 3) do clients of trained counselors tend to have "more satisfactory" work experiences following rehabilitation? and 4) if the answer to these first three questions is "yes", then what parts of their training can be identified as the casual elements? These questions still remain unresolved.

What Johnson and Koch have done for us is to bring these questions to the surface once more and ask them in a new and intriguing manner. They have accomplished this by presenting a small proportion of the enormous quantity of data that will have to be assembled to establish reliable and valid answers to these critical questions. Hopefully, a larger study examining these questions will soon be initiated. For myself, I prefer more accurate measurements than rater judgments of audio-tape segments as well as a finer discrimination among the "trained-untrained" counselors since these Master's programs vary widely in the content-experiences they provide. However, Johnson and Koch completed a "pilot study", and, as such it stands in need of no defense. I'm sure that only the best quantitative measures and criteria would be used by these investigators if they were to initiate the larger study required to answer the questions they raised in this report.

GROUP DISCUSSION

A STUDY OF THE EFFECTIVENESS OF REHABILITATION COUNSELORS AS RELATED TO THEIR LEVEL AND TYPE OF EDUCATION

Counseling Practice and Training

A pilot study and, therefore, not a basis for drawing implications for practice or training.

Counselor Preparation

Because of the pilot nature of the study, one must view the results and implications with extreme caution.

Further Research

How were clients assigned to counselors? Do counselors "select" their clients? How? Do we work harder in facilitating relationships with certain counselors?

A criterion, an objective function should be developed to measure the effectiveness of training. See Operations Research for special use of underlined items.

The important question is how to train people so client-counselor relationships can be developed to provide a context to discuss future plans.

Full scale studies will require a higher response rate. Criteria of effectiveness of rehabilitation are now too limited.

There is a need for a different scaling which could more readily reflect the broader task of the counselors to rehabilitation -- i.e., the requirement that he do more than facilitate change in personality. Since the primary objective of the counselor is not personality change, a minimal level of facilitative relationship may be adequate.

Use a much larger sample in future studies as well as improved selection procedures.

The question that ought to be investigated is whether there is any relationship between training in counseling and client relationships. Measures of both variables should be developed. I do not know of any such measures that have been validated.

The criteria should be clarified and broadened for later studies.

There should be an analysis of levels of service by quality of service. We should be able to demonstrate that there are changes in counselor practice with additional experience.

In terms of redesigning a replication of your study, a multivariate model should be considered. ANOVA and covariance are much more powerful statistical tools and also measure interactions, which chi-square does not.

Other

As indicated in the discussion, the study can only be viewed as a pilot study. I think that employment outcome and salary increase are only two of many measures and in part might be due to the individuals.

Future studies should define and classify clients as well as control experience.

"Failure to detect a significant relationship" means just that. There is a danger of generalizing from negative results.

GENERAL GROUP DISCUSSION

As was noted earlier in this report, the Conference spanned one and one-half days. The first day saw the presentation of four research studies, comment made by a discussant pertinent to the study, and a brief discussion following each research presentation.

The last half-day was planned as a group discussion of the research implications of the previously presented studies in the following areas: (a) rehabilitation counselor practice, (b) counselor preparation and (c) for further research.

What resulted, however, was something quite different. Except for a few specific remarks relating the research results and "future research," the Conference participants were not able to respond to the task set before them; that is, to specifically relate the presented research results to counselor practice and counselor preparation. One participant wrote: "Discussion centered on merits and demerits of specialization and counselor function but points were based primarily on prior opinions rather than the research findings of the projects."

The report of group discussions is divided into three sections: Implications for Counselor Practice, Implications for Counselor Preparation, and Implications for Future Research. It should be stressed that the comments which follow "Implications for Practice and Preparation" do not necessarily reflect implications of the research projects presented but tend, instead, to reflect the participants' concern for various in the field of rehabilitation counseling.

IMPLICATIONS FOR COUNSELOR PRACTICE

Counselor Functions: Broad or Specialized?

Problem. The role of the rehabilitation counselor is being defined too broadly. His day to day functions are too numerous to allow effective and efficient service to clients. "The problems of handicapped clients are complex and require a highly skilled person to evaluate and remedy them." To suggest a counselor role which does not reflect a high degree of specialization ignores the complex personality and environmental problems facing disabled persons.

Suggestion. "Create three types of rehabilitation personnel for distribution of services and functions. (1) Office manager, with less than a M.S. level of training: to perform intake, eligibility, determination of services needed, referral for services. Primary training will be on the job. (2) Counselor or clinical services specialist; at least M.S. degree or higher: provide counseling or psychological services, placement referrals, consult with the office manager, and to serve as a consultant and coordinator of a team of treatment (services) personnel. Formal training essential, plus on the job experience. (3) Counselor Aide--less than B.S. degree: to provide outreach, follow through, coaching, patron-tutoring for academic work or employer relationships, etc.; under the direction of a counselor. On the job experience and training are more important than formal training."

Remark. "One of the problems is that even in the role and functions study, there are no data concerning what priorities a rehabilitation counselor should use in deciding who to serve or which people to serve or in which order; or even the range of services to be offered beyond those the counselor will provide."

Suggestion. "Greater use of a team concept in the delivery of services. Use of consultants from areas other than now used (medicine and psychology)."

DEFINITION OF COUNSELOR GOALS

Problem. Besides "rehabilitating clients", the counselor's goals may be ambiguous, conflicting and non-client oriented. Do all counselors have common goals? Are different counselor goals related to agencies, counselor personality or style, experience or educational background?

Suggestion. "Focus upon developing better definitions of the goals of rehabilitation movement as well as for the lor by program, by agency, and by institution. As functions associated with rehabilitation proliferate, roles should be differentiated such as counselor, vocational evaluator, job development specialist, innovator, and ombudsman. In addition, since the goals of the state agency and the (educational) agency are somewhat different and since their structure and the roles they outline for the new counselor are somewhat different, role conflict as felt by the rehabilitation counselor is inevitable."

THE AIDES ARE COMING; THE AIDES HAVE ARRIVED

Problem. The use of sub-professionals as counselor aides or assistants has begun in many state agencies and will continue to be explored by other agencies in the near future." The manpower need is so acute that it has become a crisis. The discussions and suggestions in professional journals failed to achieve field-wide acceptance. The question now is: how can we most effectively and efficiently use support personnel?

Suggestion. Encourage administrators and their staff to experiment with a wide variety of agency positions or situations which will involve sub-professionals. "Assign aides to counselors. Let the counselors use their individual ingenuities in putting the aides to work to facilitate client rehabilitation." It will be important for a national agency or a recognized educational institution to plan a follow-up procedure to secure, analyze and report the results of the several approaches for using support personnel.

Suggestion: "(1) Set up and apply group methods for: orientation if clients, reinforcement or redirection of client selected goals, preparation of clients for moving into the labor market. (2) Use and development of client self-help groups in which clients, through interaction, may move clients toward desired rehabilitation outcomes."

Remark. "I think there is a more fundamental issue about selection and recruitment--that we haven't looked at personnel in the whole social-welfare field. There really is no consensus concerning what the objectives are. Notice that when an agency, organization or institution is challenged, it's usual response is: "we are short of staff and if we had more people we could be doing a better job. I for one, feel that agencies have to be re-oriented to looking at other alternatives such as re-deploying their personnel, instituting new procedures and developing innovative approaches to problem solving. Unless this occurs, agencies always will be "short of personnel." I don't really blame these agencies because you can't very well use an economic model. You can't look at your services in terms of profit and loss. It's very difficult, therefore, to determine whether or not your organization is working effectively. Often times the professionals and professional associations spend too much time arguing about what they should be doing. They're caught in a dilemma because in any situation they are accountable to the financial wing of the community. They have to show closed cases, or having kids use the pool hall, and showing indicators of utilization or receipt of services."

Remark. "The rehabilitation agencies have already made adaptations to the use of untrained people. That is, they're hiring them and they're utilizing them. Therefore, one pragmatic approach might be to look at these different state agencies to determine how well their support personnel are functioning as well as to distinguish among the roles that they have been assigned." "As of December, 1967, there were 318 persons employed in state DVR's who were untrained and could be considered support personnel. This number had since been extended by several states. Furthermore, RSA is supporting seven undergraduate training programs with the intention of expanding this number through 1970. Proposals are even now being considered to develop a junior college training program. This offers a potential source of personnel below that of the "trained counselor." That is, a counselor with a two-year master's degree from a Rehabilitation Counselor Training Program.

Remark. "With respect to the current use of aides in state agencies, they seem to be fulfilling the following roles: (1) liaison between the middle-class counselor and lower-class client in the community, (2) legman and representative of the counselor in places where the counselor cannot be available, e.g., when the counselor is busy elsewhere, (3) representative of the counselor for the purpose of community work and for manning offices in other parts of the district for which the counselor is responsible."

Remark. One result of the Role and Functions Study, should state DVR director desire to use support personnel or aides, suggests that placement is an activity that counselors would be willing to relegate to an aide. The Veterans Administration has used this model and it is, therefore, not completely untested. The greater emphasis should be placed upon the use of orientation and in-service training to prepare less than optimally trained people to work as rehabilitation counselors and aides.

Remark. Not enough attention is given to the use of group procedures by rehabilitation counselors with their clients. In addition, there are automated procedures which could enable the client and the counselor to consider vocational and environmental alternatives which would not normally be available to them, or within their own sphere of knowledge, e.g., a computerized information system.

Suggestion. "The issue of the rehabilitation counselor functions and the use of sub-professionals is an organizational problem, not a professional problem. Why not use business organization consultants to help reorganize the state agency structure in order to provide separate career ladders for counselors and for sub-professionals."

Remark. "It should be noted that governmental organizations are less amenable than private organizations, to change although it (change) may be theoretically desirable. Change is considered a threat rather than a challenge."

The counselor cannot function as a change agent since he currently is overloaded with task functions and role expectations. "However, counselors are changing the community and can be considered community modifiers if one considers the community as including employers, hospitals and other agencies."

IMPLICATIONS FOR REHABILITATION COUNSELOR PREPARATION

Role Expectations and Role Behaviors

Problem. The role expectations that rehabilitation counselors have for themselves and that agency administrators and counselor-educators have for counselors are all quite different. The agency orientation toward the functions which rehabilitation counselors should perform and the university orientation are quite dissimilar. The differences in the expectations and orientations held by "significant others" for the rehabilitation counselor are a probable source of role conflict.

Suggestion. "There needs to be a meeting of the minds on the part of training agencies, counselors, and service agencies concerning the goals and the means of trying to meet the needs of the disabled. This also implies something about the people who are recruited to perform these tasks. Basically, if counselors do not define their own roles, the agency will define their roles for them."

Suggestion: "Training programs in rehabilitation counseling either need to be brought more in line with the actual practice in agencies (what a counselor does), or else there needs to be increased attempts within the agency to change the role expectations more in line with the training rehabilitation counselors are receiving. Obviously, both need to happen to some extent; and the research projects presented point out the need for greater collaboration between the agencies and the training institutions in determining appropriate role and functions of the rehabilitation counselor."

Suggestion: "Relate training to goals and needs of agencies that provide rehabilitation services. Training must be related to performance standards."

Remark. "Does the university train for what does go on or for what should go on? What is the relation between training in the agency and in the university?"

"Training" versus "Education"

Problem. Counselor preparation should be viewed more in terms of training for specific, current agency jobs and less in terms of education for a vocation. Consonant with this notion, the adequacy of counselor training for positions currently unfilled in agencies is questioned. What are the potential solutions?

Suggestion: "Many universities have a policy of not accepting part-time students. This seems to be a great mistake since it prevents the practitioner from keeping up with changes in the profession. It also creates a barrier between the university and the community. I believe that universities should not only encourage practitioners to return for training on a part-time basis or to take a course which particularly interests them, but also should seek opportunities to bring university programs to community organizations. This kind of programming would keep agency people more current with what is happening and would bring the real problems of clients, counselors and agencies to the attention of the university."

Suggestion. "Should counselor training be taken on an out-service, community basis in order to accommodate second careerists? Extension service is an approximate if not an exact model for the training of people with the capabilities but not the specific techniques for rehabilitation counseling."

Remark. "The comments made concerning in-service and work study training programs for rehabilitation counselors are specially relevant to the results of the Sussman research concerned with second careerists. That is, second careerists are likely to have marginal academic capacities but, perhaps, more skills in terms of human relations, environmental manipulation and liaison with community agencies."

Counselors' Research Limitations

Problem. The rehabilitation counselors who are currently completing their master's graduate programs do not have the capabilities to either understand the current research, utilize it, or to carry out research programs of their own.

Suggestion. "Research should have immediate relevance to the counselor in his day to day work. This needs to be developed in training programs so trainees can develop an interest in research. These new counselors might communicate their research interest to other staff. Educators and administrators are usually too concerned with research technique and not concerned enough with the relevance of the research. Most research is primarily relevant to the investigator's own interest."

Suggestion. "Counselor educators need to utilize their own research findings by incorporating them into their training programs. For example, we have not yet conducted an experimental study (with a control group) for the purpose of evaluating length or content of rehabilitation counselor curricula. Although there is much talk about counselor role and function--and how others may need to change their viewpoints--educators and administrators seldom ask themselves how they may change their activities or approaches."

Suggestion. "Development of courses in research utilization to accompany those courses now available in research design. Attempt to inculcate more positive attitudes (in master's candidates) toward research and its utilization in rehabilitation settings."

Teamwork?

Suggestion. Currently rehabilitation counselors perform their functions either individually or in cooperation with other professional workers in other agencies. Can counselors function within the traditional "teamwork" conceptualization or does a new "core-rehabilitation" team have to be formed?

Suggestion. "There is a great need for interdisciplinary training so that the counselor may function as part of a team of rehabilitation workers. That is, the goal of rehabilitation services should not be placement or the improvement of the client self-concept, but the increased employability of all clients. To accomplish this, the initial tools used by the counselor should not be counseling and/or coordination of services, but the diagnosis or evaluation of all clients using an employability model."

Suggestion. "I believe that agencies have to be reoriented to look at other alternatives such as redeploying their personnel, instituting new procedures, and developing innovative approaches to problem solving. Unless this occurs agencies will always be 'short of personnel'."

Educate a Generalist or a Specialist

Problem. The definition of the rehabilitation counselor role and functions has, in the past, been too broad. Counselors with too many job tasks tend to spread themselves too thin. This increases the danger that they may not perform each task or provide the necessary time and motivations that the tasks require.

Suggestion. "Preparation of more than one type of rehabilitation counselor based on the complexity of the counselor's unique specialization is required. What are the rehabilitation counselor's unique qualifications? It is important to link the rehabilitation counselor's effectiveness with his univerty preparation. There is a need for defining the counselor's role in terms of levels of complexity which are related to different positions and job titles."

Research Specialist

Problem. A new position is being created and supported by the SRS: Research Utilization Specialist. Will this individual assume any functions previously performed by the rehabilitation counselor? How should counselor education change (if it should) to prepare such specialists?

Suggestion. The current trend seems to be for master's trained rehabilitation counselors to move quickly away from service, client-contact positions to positions in supervision, administration and research utilization. It seems evident that the preparation of counselors should reflect these changes in the field of rehabilitation counseling. Thus, the major focus for the preparation of rehabilitation counselors should, perhaps, not be on client-service tasks such as vocational assessment, test administration, counseling and interviewing techniques but on supervisory--administration--research utilization tasks.

IMPLICATIONS FOR RESEARCH

This section will include both the remarks made during the group session concerned with the implications of the research studies presented and the written comments made by participants shortly after the group session ended. As might be expected, the group discussion tended to be an exchange of opinions and general ideas rather than statements of specific research proposals. However, the written comments by the participants did include many specific suggestions for further or future research concerning the rehabilitation counselor and his clients. The comments of participants have been grouped into three parts. The first part contains specific suggestions for follow-up research on the Role and Functions Study and the Career Patterns Study. The second part contains specific rehabilitation counseling research suggestions and ideas not directly related to the projects presented at the conference. The third section contains general suggestions for future research.

Part 1. "Concerning the Roles and Function Project, it would be helpful to see an interpretation of these results in comparison to the ARCA statement on the same subject. Such pronouncements by professional associations need testing against data such as these."

"Concerning the Sussman and Haug research: Select a community or other service area which includes one or more types of rehabilitation agencies, and try various educational and public relations procedures with the several professional and lay sub-publics, measuring changes in the sub-publics, perceptions, including status attributes of rehabilitation counselors and the agencies' services."

"There is a need to determine the relative success and job security of second careerists in rehabilitation counseling before they enter the field. For example, were second careerist as competent, secure and successful in prior jobs as first careerists?"

Some questions concerning the second careerists research: "What are the origins, capabilities, and job retention of the second careerists? Where do they go if they leave their rehabilitation position? Why do they come to rehabilitation and why do they leave? Where do individuals go who seek second careers by leaving rehabilitation?

"Focus on the need to relate counselor perception to actual performance, and to identify variables which, if manipulated, may affect that relationship."

Part II: 1. "Rehabilitation already has a large number of untrained (non-masters) counselors and some M.A. counselors. Undertake studies to identify degrees of competence in performing rehabilitation services. From these studies, identify the high (satisfactory) and low performers. Then, study these people in terms of training, personality and demographic characteristics. Using those characteristics which differentiate highs and lows, apply to another sample of rehabilitation counselors as a cross-validation."

2. "Study the relative benefits of a broadened base of the rehabilitation counselor as a counseling psychologist versus a limited, specific role of the rehabilitation counselor in terms of non-counseling functions (in an affective counseling sense). For example, study the relative benefits and/or effectiveness of the rehabilitation counselor, as a (a) "professional" versus as a non-professional and (b) "counseling psychologist" versus a facilitator of services."

3. "Study the effectiveness of rehabilitation counseling including some indication of the number of clients successfully rehabilitated versus the number of _times_ each client is rehabilitated."

4. "A suggestion that we ought to focus on the needs of the _client_ rather than the counselor prompts a research notion: a comparison of changes in behavior and/or post-counseling indications of the successful rehabilitation of clients, when the counselor operates primarily from the framework of the client's perceived needs and requests, versus from the framework of what the counselor feels is needed (with less regard for the client's felt needs, or at least his verbalized desires)."

5. "Comparison of rehabilitation counselors who have been trained as generalists versus those trained as specialists; or those trained in one year versus those trained in two years or more. The relative effectiveness of

counselors trained various ways can be determined by criteria such as (a) effectiveness with rehabilitation clients, (b) kinds of tasks assumed in the rehabilitation setting, (c) acceptance of the counselor by his administrators and colleagues in the agency, and (d) satisfaction of the counselor in the job he expected to perform."

Part III: 1. "Need for long-term sponsored research concerned with the counseling process as it relates to client characteristics (psychological and historical-and client outcomes, temporal and long-term)."

2. "Since we cannot accept opinions of what support personnel can or should do, how should we decide what nonprofessionals should do? Should we use them and see how they work out?"

3. "Studies needed to test the client self-help group process as to its impact in the rehabilitation process and its outcomes."

4. "Counselor role modification and direct use of pararehabilitation personnel."

5. "Research to develop different models of agency structures and counselor functions within these structures. That is, an agency in a rural area as opposed to one in a large city or a private facility, etc."

6. "Determine ways in which rehabilitation counselor education programs can better use research in order to structure the counselor's role following training."

7. "More research should be tied directly to demonstration. Research in the abstract is seldom perceived as useful by the person in the field. Research should not only suggest changes in practice but should demonstrate the effectiveness of change as part of the research."

8. "Study the organizational culture of rehabilitation counseling and counseling practice."

9. "There seems to be a conflict of values systems in a rehabilitation center."

10. "Since most DVR agencies' goals are set by legislators, what is the impact of the rehabilitation counselor, if any, on the decision-making process? There is need for redefining the agency goals and the counselor goals. Should the counselor be an ombudsman?"

11. "There is a need to study the effectiveness of the University rehabilitation counselor education programs."

12. "How can we learn from the problems and experiences of school counselors and apply that understanding to rehabilitation counseling? The professional roles of school counselors are, apparently, defined by their administrators."

13. "Research is needed on performance appraisal and standards of rehabilitation counselors. The criteria to be used in performance appraisal research is, as yet, unspecified."

Appendix A

Program

Research Utilization Conference for SRS Rehabilitation Counselor Projects

November 7-8, 1968

Burlington Hotel
Washington, D.C.

Thursday

A.M.	8:30	Registration
	8:45	Conference Plan
	9:00	The Roles and Functions of Rehabilitation Counselors - John E. Muthard and Paul S. Salomone
	9:45	Discussant: Daniel C. McAlees
	10:00	Group discussion - Roles and Function Study
	10:30	Break
	11:00	University of Wisconsin Studies - George N. Wright
	11:45	Discussant: Joseph T. Kunce
	12:00	Group discussion
P.M.	12:30	Lunch
	2:00	Case-Western Reserve RC Careers Project - Marvin B. Sussman and Marie Haug
	2:45	Discussant: C. Esco Obermann
	3:00	Group discussion
	3:30	Break
	4:00	University of Arizona Study - Bob Johnson and Richard A. Koch
		Discussant: Neil S. Dumas
	5:00	Close
	5:30	Social Hour

Friday

A.M.	8:30	Group discussion Implication of studies for RC practice
	9:30	Group discussion Implications for RC preparation
	10:30	Break
	11:00	Group discussion Implications for further research

Appendix B

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Appendix C

Participant Reaction Sheet

Questions -- Conclusions -- Implications

NAME_______________________Circle One: Case-WR / Wisconsin / Arizona / Florida

Instructions: Please use this sheet to note your reactions during the session. Your questions-conclusions-implications will then be used as a guide for tomorrow's discussions sections and will appear in the "Proceedings".

This sheet is for YOUR remarks and comments.

I. TRAINING (e.g., pre-service -- M.A., in-service, student recruitment / selection / evaluation, curriculum, etc.)

II. PRACTICE (e.g., changes in services provided, delivery techniques, counselor aides / assistants, professional role/function, specialization, use of related professions, etc.)

III. FURTHER RESEARCH (e.g., required to substantiate/clarify, new studies suggested by this report, etc.)

IV. OTHER (limitations, criticisms, etc.)